# **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate level produced by rate revision effective		10.7%	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private     Passenger Commercial     Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
<ul><li>4. Burglary and Theft</li><li>5. Glass</li></ul>			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
<ul><li>11. Inland Marine</li><li>12. Homeowners</li></ul>			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers compensation	5,495,790	10.7%	
Line of Insurance			
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	This filing applies to all classes	
Brief description of filing. (If filing follows referenced in circular IL-2011-11 and characteristics)	s rates of an advisory organization, specify ange LCMs.		
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates		
		General Insurance Company Name of Company	
	Jenna Quasa	arano - Compliance Analyst Official – Title	

# **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate I	9.9%	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private  Page 1 Commonsiel		
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers compensation Line of Insurance	25,121,511	9.9%
Brief description of filing. (If filing follow	(territories) or certain classes? If so, specify:	
referenced in circular IL-2011-11 and ch	ange LCMs.	
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	which will result from application of new rates.	surance Company of America
	N	lame of Company Irano - Compliance Analyst
	Quasa	Official – Title

# **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate level produced by rate revision effective		8.8%	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private     Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
<ul><li>5. Glass</li><li>6. Fidelity</li></ul>			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers compensation Line of Insurance	4,148,974	8.8%	
	(territories) or certain classes? If so, specify s rates of an advisory organization, specify ange LCMs.	organization): Adopt NCCI loss costs	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	which will result from application of new rate	i National Insurance Company	
	Jenna Quas	Name of Company sarano - Compliance Analyst Official - Title	



MAR 0 1 2012

FORM RF-3

STATE OF ILLINGIS

Change in Company's premium or rate level produced by rate revision effective 03/01/2012. SPRINGFIELD, ILLINOIS

(2)	(3)
Annual Premium	Percent
Volume (Illinois)*	Change (+ or –)**
<del>2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</del>	
\$5,234,725	-5.5%
s) or certain classes? If so, specify <u>No</u>	
n advisory organization, specify organiza	ition) See Filing Memorandum;
PPC-11-23	
	Annual Premium Volume (Illinois)*

ACE FIRE UNDERWRITERS INSURANCE COMPANY Name of Company

John Fogleboch - WC Compliance Analyst. Official - Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>06/01/2012</u>.

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		, , ,	
Private Passenger			
Commercial	<del>-</del>		
2. Automobile Physical Dam	nage		
Private Passenger			
Commercial			
3. Liability Other than Auto	FILED		
4. Burglary and Theft			
5. Glass	JUN 0 1 2012		
6. Fidelity	JON O 1 Soil -		
7. Surety			
8. Boiler and Machinery	STATE OF ILLINOIS DEPARTMENT OF INSURANCE		
9. Fire	SPRINGFIELD, ILLINOIS		
10. Extended Coverage	SPICING! (Easy)		
11. Inland Marine	-		
12. Homeowners	-		
13. Commercial Multi-Peril	<del>-</del>		
14. Crop Hail	-		
15. Workers Compensation	·	\$114,958,546	-5.5%
16. Other			
Line of Insurance	е		
Does filing only apply to certai	in territory (territories) or certain class	ses? If so, specify <u>No</u>	
Brief description of filing (if filir (Adopt 1/1/12 Advisory Ra	ng follows rates of an advisory organi ates)	zation, specify organizati	on) <u>See Filing Memorandum;</u>

ACE AMERICAN INSURANCE COMPANY Name of Company

John Fogleboch - WC Compliance Analyst Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

#### FORM RF-3

Change in Company's premium or rate level produc	ced by rate revision effective 03/01/2012.	Percent of 2012 Change (+ of 1 1 2012
(1)	(2)	
Coverage	Annual Premium	Percente
00.0.0gc	Volume (Illinois)*	Change (+ of )
1. Automobile Liability	· - · - · · · · · · · · · · · · · · · ·	EZZ O
Private Passenger		200 2
Commercial	<del></del>	0,70
2. Automobile Physical Damage		7
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass	<del></del>	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	•	
12. Homeowners	4 4 4997	
13. Commercial Multi-Peril	<del></del>	
14. Crop Hail		
15. Workers Compensation	\$6,905,655	-5.5%
16. Other	**************************************	
Line of Insurance		
Does filing only apply to certain territory (territories)  Brief description of filing (if filing follows rates of an Adopt 1/1/12 Advisory Rates		on) See Filing Memorandum
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will	ACE PROPERTY & CA	SUALTY INSURANCE COMPANY Name of Company h – WC Compliance Analyst Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Char	nge in Company's premium or rate I	evel produced by rate revision effective	01/01/2012
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
2. A 3. L 4. E 5. C 6. F 7. S	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety		
9. F 10. E 11. II 12. F 13. C	Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail		
	Other Workers Compensation Line of Insurance	713,895	3.5%
Brief Adop	description of filing. (If filing follows oting Advisory Rates effective 01/01		
	usted to reflect all prior rate changes ange in Company's premium level v	s. which will result from application of new rates	
		ACIG	Insurance Company Name of Company
			- <u>Underwriting Operations Manager</u> Official – Title
		FILED	

JAN 0 1 2012

DEPARTMENT OF ILLINOIS
SPRINGFIELD, ILLINOIS

#### FORM RF-3

Change in Company's premium or rate level produced by rate revis	sion effective <u>Februa</u>	ary 1, 2012 .
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability     Private Passenger	Volume (minois)	
Commercial  2. Automobile Physical Damage	· · · · · · · · · · · · · · · · · · ·	
Private Passenger Commercial 3. Liability Other than Auto		
4. Burglary and Theft 5. Glass		
7. Surety		
9. rile		
ATALE OF THE ALBIDANCE -		
		<del> </del>
13. Commercial Multi-Peril		
14. Crop Hail	<b>6400.000</b>	+5.0%
15. Workers Compensation	\$108,698	+3.076
16. Other Line of Insurance		
Line of insurance		
Does filing only apply to certain territory (territories) or certain class	ses? If so, specify No	
Brief description of filing (if filing follows rates of an advisory organ	nization, specify organiza	tion) This filing proposes to apply
the proposed loss cost multiplier of 1.523 (1.902 for F-classes) to	the September 1, 2011 kg	oss costs published by the National
Council on Compensation Insurance effective February 1, 2012 for	or new and renewal polici	es. The ELFs will continue to be
calculated using an LCM of 1.846.		
* Adjusted to reflect all prior rate changes.     ** Change in Company's premium level which will result from applic	ation of new rates.	
	American .	Alternative Insurance Comoration

American Alternative Insurance Corporation
Name of Company

Kathryn Sine, Senior State Filing Analyst
Official — Title

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change i	n Company's p	premium	or rate	level <sub>1</sub>	produced	by rate	revision
effective_	March 1, 2012					•	

-	(1)	(2) Annual Premium	(3) Percent Change (+or.) **	
1.	Coverage Automobile Liability Private	- Volume (Illinois) *	Change (+or-) **	
١.	Passenger			
	Commercial			
2	Automobile Physical Damag			
_	Private Passenger		•	
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass	<u></u>		
6.	Fidelity			
7.	Surety	4		
8.	Boiler and Machinery			
9.	Fire	<del></del>		
10.	Extended Coverage	water to the second of the sec		
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Worker's Compensation	177,518	3.7%	
	Life of Insurance	,0.10		
•	ine or modranes			
	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain	
	specify: No			
	specify.			
	Brief description of filing. (If the	filing follows rates of an a	ndvisorv	
	Organization, specify	9	,	
	organization):	Adoption of NCCI's Voluntary Advisory Rates, Loss Costs and Rating		
	Values per IL-2011-11, IL-2011-13 and	IL-2011-14.		
		·		
	*Adjusted to reflect all prior ra	•		
	**Change in Company's pren	<u>nium level which will resu</u>	It from application of new	

American Automobile Insurance Company

Name of Company

William Paukovitz, SR VP/Chief Compliance Officer

Official - Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

MAR 0 1 2012

FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title

Change in Company's premium or rate level produced by rate revision effective:			3/1/2012
	(1)	(2)	(3)
	(-)	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1	. Automobile Liability		
	Private Passenger	_	
	Commercial		
2	. Automobile Physical Damage		
	Private Passenger		
	Commercial		
3			
4	•		
5			
6	. Fidelity		
7	· · · · · · · · · · · · · · · · · · ·		
8			
9	•		
10			****
11	•		
12	. Homeowners		
13	. Commercial Multi-Peril		
14			
15		4,109,033	2.0%
16			
Does	filing only apply to certain territory (territories) or certai	n classes? If so, specify.	Not Applicable
Brief	description of filing (if filing follows rates of an advisor We are adopting the 1/1/2012 NCCI IL voluntary rates		
*	In-force Written Premium Change in Company's premium level which will result to	from application of new rates.	
		American Casualty Con	mpany of Reading PA
		Name of	
			rA

# **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate level produced by rate revision effective _		1/1/2012	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial		_	
Automobile Physical Damage			
Debugge Debugge Communication			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
Boiler and Machinery			
13. Commercial Multi-Peril			
14. Crop Hail		.40.750/	
15. Other Workers Compensation Line of Insurance	\$531,017	+19.75%	
Line of Insurance			
Does filing only apply to certain territory (ter NA	ritories) or certain classes? If so, specify:		
Brief description of filing. (If filing follows rate NCCI Loss Cost Filing with changes in the u			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	• •	ensation Insurance Company	
	· Marie reality Comp	ame of Company	
	Wendy J Book - WC	Mgr Corp Compliance & UW Serv	
		Official - Title	

#### ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level	produced by rate revision effective	04/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territory)	\$3,841,127 ritories) or certain classes? If so, specify:	+11.7%
Brief description of filing. (If filing follows rate Adopting 1-1-12 NCCI-approved loss costs:  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level whice	es of an advisory organization, specify or and revising Loss Cost Multiplier.	ganization):
	Eric Neely	Name of Company  Name of Company  Juct Management and Underwriting  Official – Title

#### **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate lev	el produced by rate revision effective	04/01/2012
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private     Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<del></del>	
	¢1 106 247	+9.4%
15. Other Workers Compensation Line of Insurance	\$1,106,347	+9.4%
Does filing only apply to certain territory (to No	erritories) or certain classes? If so, specify:_	
Brief description of filing, (If filing follows ra	ates of an advisory organization, specify org	anization):
Adopting 1-1-12 NCCI-approved loss cost		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rates.  American Fire	e and Casualty Company
		ame of Company
	In which	j ,
	<u>Eric Neely</u> Senior Vice President, Produ	ct Management and Underwriting
		Official – Title
	,	

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level p	produced by rate revision effective 01/0	1/2012
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage		
3.	Private Passenger Commercial Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	<del></del>	
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers' Compensation	5,725,325	6.1%
	Line of Insurance		
Brie	es filing only apply to certain territory (territory)  of description of filing. (If filing follows rates on the property of t	of an advisory organization, specify org	N/A anization):
		, ,,	
	justed to reflect all prior rate changes. nange in Company's premium level which	will result from application of new rates.	
		American Guarantee and Lia	ibility Insurance Company
			ame of Company
		Gary E. Shook, Vice Preside	nt and Chief Pricing Actuary



Official - Title

JAN 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

# FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	ate level produced by rate revision
effective March 1, 2012	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Voidino (minoro)	
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	<del></del>	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	**************************************	
7.	Surety	***************************************	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	<del></del>	
11.	Inland Marine		
12.	Homeowners	<del></del>	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Worker's Compensation	2,560,844	3.7%
	Life of Insurance		
*	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	**************************************		
	Brief description of filing. (If fi	iling follows rates of an a	dvisory
	Organization, specify organization):	Adoption of NCCI's Voluntar	ry Advisory Rates, Loss Costs and Rating
	Values per IL-2011-11, IL-2011-13 and I		y Advisory Rates, Loss Costs and Rating
	values per 12-2011-11, 12-2011-13 and 1	L-2011-14.	
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.	III TO THE WILL WILL TO THE	t nom application of new
		The American Inc.	

The American Insurance Company

Name of Company
William Paukovitz, SR VP/Chief Compliance Officer
Official – Title

#### ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate I	evel produced by rate revision effective _	04/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> </ol>		
<ol> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> </ol>		
15. Other Workers Compensation Line of Insurance	\$1,815,122	+9.9%
No	(territories) or certain classes? If so, spec rates of an advisory organization, specify sts and revising Loss Cost Multiplier.	
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	s. vhich will result from application of new ra	ites.
	Americal	n States Insurance Company Name of Company
	Endu	ly .
	Eric Neely Senior Vice President, P	Product Management and Underwriting Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Chang	ge in Company's premium or rate lev	el produced by rate revision effective	01/01/2012
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. A	utomobile Liability Private		
	Passenger Commercial		
2. A	utomobile Physical Damage		
	Private Passenger Commercial		
3. Li	ability Other Than Auto		
4. B	urglary and Theft		
5. G	lass		
	idelity		
	urety		
	oiler and Machinery		
	ire		
	xtended Coverage		
	lland Marine		
	omeowners		
	ommercial Multi-Peril		
	rop Hail		
15. O	ther Workers' Compensation	12,286,277	6.1%
	Line of Insurance		
		rritories) or certain classes? If so, spec	
		tes of an advisory organization, specify	organization):
doption	n of NCCI advisory loss costs and rating valu	es effective January 1, 2012	
	ted to reflect all prior rate changes.	ch will result from application of new ra	ites.
	.g , - p		
		American Zurich Insura	ince Company
			Name of Company
		Gary E. Shook, Vice Pr	resident and Chief Pricing Actuary
		<del></del>	Official – Title



JAN 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

FORM (RF-3)

#### **SUMMARY SHEET**



effective 02/01/2012	•	STATE OF IL
(1)	(2)	DEPARTMENT OF ILL  (3)  PRINGFIELD,
(1)	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private	<u> </u>	
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto	**************************************	
Burglary and Theft		
Glass		
Fidelity	······································	
Surety		
Boiler and Machinery		
Fire		
Extended Coverage	en en el transporte de composition de la composition della composi	
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	1003128	3.7%
Life of Insurance		
Doog filing only apply to seet	sin tarritan, (tarritarias) ar	contain
Does filing only apply to certa Classes? If so,	in territory (territories) or	Certain
specify: N/A		
poorly.		
rief description of filing. (If f	iling follows rates of an a	ndvisory
Organization, specify	g	· <b>,</b>
rganization):	Adoption of NCCI rate ref	erenced in IL-2011-11 on 2/1/2012
-		
*Adjusted to reflect all prior ra		
**Change in Company's prem	nium level which will resu	It from application of new
ates.		
		Company of Kansas
		me of Company
	Submitted by: Jame	es Shoenfelt, ACAS

Official - Title

#### FORM (RF-3)

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
_	Automobile Liability Private	voidine (illinois)	- Onlange (101-)
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	iability Other Than Auto	**************************************	
	Burglary and Theft		
	Blass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	ire		
-		***************************************	
	Extended Coverage nland Marine		
	lomeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	29.420.400	2.70
	Life of Insurance	28,420,199	3.7%
(	Does filing only apply to certa Classes? If so, specify: N/A	in territory (territories) o	or certain
_			
	Brief description of filing. (If f	iling follows rates of an	advisory
	Organization, specify	Ah I	a maamahan af
	organization):	Arch Insurance Compar	<del></del>
_	National Council on Compensation Insur		
-	NCCI Circular IL-2011-14, Illinois-Voluntar		osis, and Rating Values.
*	'Adjusted to reflect all prior ra '*Change in Company's prem	•	ult from application of ne
r	rates:	Arch Insurance C	Company
			ame of Company
		Todd J Gallagher-	- Compliance Analyst
			Official – Title

# FORM (RF-3)

#### **SUMMARY SHEET**

Change in	Company's premium or	rate level	produced by rate revision
effective M	March 1, 2012		•

-	(1)	(2) Annual Premium	(3) Percent
4	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
^	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
<b>4</b> .	Burglary and Theft	<u> </u>	
5.	Glass	**************************************	
6. -	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	•	
14.	Crop Hail		
15.	Other Worker's Compensation	206,760	3.7%
	Life of Insurance		
•	Dana filliani and cannot be a contra		
	Does filing only apply to certa	iin territory (territories) or	сепаіл
	Classes? If so,		
	specify: No		
	Brief description of filing. (If f		
	organization):		ry Advisory Rates, Loss Costs and Rating
	Values per IL-2011-11, IL-2011-13 and I	L-2011-14.	
	*Adjusted to reflect all prior ra **Change in Company's premates.	•	It from application of new
		Associated Indemi	nity Corporation
		Nia	

Name of Company William Paukovitz, SR VP/Chief Compliance Officer Official — Title

#### IL Department of Insurance FORM (RF-3) SUMMARY SHEET

revision et	fective	April 1, 2012	
(1)		(2)	(3)
		Annual Premium	Percent
Coverage	<del></del>	Volume (Illinois) *	Change (+ or -) '
Automobile	Liability		
Private P			
Commerc			
	e Physical Damage		
Private P			
Commerc			
	ther Than Auto		
Burglary a	na ineπ		<del></del>
Glass			
Fidelity			
Surety			
	Machinery		
Fire			
Extended			
Inland Ma	rine		
Homeowne	ers	<u> </u>	
Commercia	al Multi-Peril		
Crop Hail			
Other	Workers Compensation	\$1,628,313	-1.2%
	Line of Insurance		
Does filing onl classes? If so	y apply to certain territory (terri , specify: <u>No</u>	tories) or certain	
classes? If so	n of filing. (If filing follows rate	es of an advisory	
classes? If so	n of filing. (If filing follows rate pecify organization):  We are	es of an advisory adoping the NCCI approval 1/1/20	12 voluntary loss costs, fo
classes? If so	n of filing. (If filing follows rate pecify organization):  We are	es of an advisory	12 voluntary loss costs, fo
classes? If so	n of filing. (If filing follows rate pecify organization):  We are	es of an advisory adoping the NCCI approval 1/1/20	12 voluntary loss costs, fo
classes? If so	n of filing. (If filing follows rate pecify organization):  We are	es of an advisory adoping the NCCI approval 1/1/20	12 voluntary loss costs, fo
classes? If so	n of filing. (If filing follows rate pecify organization):  We are	es of an advisory adoping the NCCI approval 1/1/20	12 voluntary loss costs, fo
classes? If so	n of filing. (If filing follows rate pecify organization):  We are and ren	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	12 voluntary loss costs, fo
classes? If so  Brief descriptio organization, s	n of filing. (If filing follows rate pecify organization):  We are and ren  o reflect all prior rate changes.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	12 voluntary loss costs, fo
classes? If so  Brief descriptio organization, s  * Adjusted t  ** Change in	n of filing. (If filing follows rate pecify organization):  We are and ren  o reflect all prior rate changes. Company's premium level whice	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	12 voluntary loss costs, fo
classes? If so  Brief descriptio organization, s  * Adjusted t  ** Change in	n of filing. (If filing follows rate pecify organization):  We are and ren  o reflect all prior rate changes.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	12 voluntary loss costs, fo
classes? If so  Brief descriptio organization, s  * Adjusted t  ** Change in	n of filing. (If filing follows rate pecify organization):  We are and ren  o reflect all prior rate changes. Company's premium level whice	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	12 voluntary loss costs, fo
classes? If so  Brief descriptio organization, s  * Adjusted t  ** Change in	n of filing. (If filing follows rate pecify organization):  O reflect all prior rate changes. Company's premium level which application of new rates.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	
classes? If so  Brief descriptio organization, s  * Adjusted t  ** Change in	n of filing. (If filing follows rate pecify organization):  O reflect all prior rate changes. Company's premium level which application of new rates.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	Assurance Co. of Americ
classes? If so  Brief descriptio organization, s  * Adjusted t ** Change in	n of filing. (If filing follows rate pecify organization):  O reflect all prior rate changes. Company's premium level which application of new rates.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	
* Adjusted t ** Change in result from	n of filing. (If filing follows rate pecify organization):  O reflect all prior rate changes. Company's premium level which application of new rates.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	Assurance Co. of Americ
* Adjusted t ** Change in result from	n of filing. (If filing follows rate pecify organization):  O reflect all prior rate changes. Company's premium level which application of new rates.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	Assurance Co. of Americ
* Adjusted t ** Change in result from	n of filing. (If filing follows rate pecify organization):  O reflect all prior rate changes. Company's premium level which application of new rates.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	Assurance Co. of Americ
* Adjusted t ** Change in result from	n of filing. (If filing follows rate pecify organization):  O reflect all prior rate changes. Company's premium level which application of new rates.	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	Assurance Co. of Americ
* Adjusted t ** Change in result from	n of filing. (If filing follows rate pecify organization):  We are and ren  o reflect all prior rate changes. Company's premium level whice	es of an advisory adoping the NCCI approval 1/1/20 newal policies.	Assurance Co. of Americ

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>03/01/2012</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	(	
Private Passenger		
Commercial		<u> </u>
2. Automobile Physical Damage		m see
Private Passenger		ω <u>×</u> ω
Commercial		PATT
3. Liability Other than Auto		MAR NAR
4. Burglary and Theft		TZO D
5. Glass		
6. Fidelity		945
7. Surety		2012 2012
8. Boiler and Machinery		NEO 12
9. Fire		
10. Extended Coverage		Z
11. Inland Marine		TOP TOP
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,750,648	-5.5%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain	classes? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory o (Adopt 1/1/12 Advisory Rates)	rganization, specify organizat	
<ul> <li>* Adjusted to reflect all prior rate changes.</li> <li>** Change in Company's premium level which will result from</li> </ul>	application of new rates	
change in company a premium level which will result home	application of new rates.	

BANKERS STANDARD INSURANCE COMPANY
Name of Company

<u>John Fogleboch – WC Compliance Analyst</u> Official — Title

FORM (RF-3)

# FILED

JAN 0 1 2012

#### SUMMARY SHEET

Change in Company's premium or rate level produced by Affect INDIS

	Manager of the second s	**************************************	FEINGIBURE
**	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-)**
	Automobile Liability Private Passenger		
	Commercial Automobile Physical Damag Private Passenger Commercial		
	Liability Other Than Auto Burglary and Theft		
	Glass Fidelity		
	Surety Boiler and Machinery Fire		
	Extended Coverage Inland Marine		
	Homeowners Commercial Multi-Peril		
	Crop Hail		
	Other Workers' Compensation  Life of Insurance	\$6,372,184	3.7%
	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
	specify: No No		
	Brief description of filing. (If the Organization, specify	iling follows rates of an a	dvisory
	organization):		estate Insurance Company is
	adopting the loss costs and miscellaneo of Insurance, as indicated by the advisory		
	*Adjusted to reflect all prior rate Change in Company's pren	ate changes.	
	rates.		

Berkshire Hathaway Homestate Insurance Company Name of Company

Keith Engelbrecht, A.C.A.S. - Actuary

Official - Title

# **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate level	produced by rate revision effective	1/1/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$619,629	+1.59%
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows rate NCCI Loss Cost Filing with changes in the L		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	h will result from application of new rates.	
		pensation Insurance Company
		lame of Company
	Wendy J Book - WC	Mgr Corp Compliance & UW Serv
		Official – Title

FORM (RF-3)



SUMMARY SHEET

MAR 0 1 2012

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	· Volume (minors)	_ Change (101-)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass	**************************************	
Fidelity		
Surety	·	**************************************
Boiler and Machinery		
Fire	**************************************	
Extended Coverage		
Inland Marine		
Homeowners	· · · · · · · · · · · · · · · · · · ·	
Commercial Multi-Peril		
Crop Hail	***************************************	
Other Workers Compensation	12,077,338	NCCI overall +3.70%
Life of Insurance		<del></del>
Dono filing only apply to part	-i- 4i4 (4i4i) -	u acutain
Does filing only apply to certa Classes? If so,	ain terntory (terntones) o	rcenain
specify: No.		
specify.		
Brief description of filing. (If t	filing follows rates of an a	advisory
Organization, specify	ming relieves rates or arre	
organization):	This filing is to adopt the Janu	uary 1, 2012 NCCI loss costs and rating
Current LCMs of 1.30 standard and 1.10	coal will apply to the NCCI loss	costs adopted with this filing.
*Adjusted to reflect all prior ra		
**Change in Company's pren	nium level which will resu	ult from application of nev
rates.		
	Brickstreet Mutua	I Insurance Company

Name of Company
Ken Howard, Director of Underwriting Operations

Official - Title

# FORM (RF-3)

#### **SUMMARY SHEET**

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger	1.48.	
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
iability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril	***************************************	
Crop Hail		
Other workers compensation  Life of Insurance	2,271,596	-0.4%
Life of insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,		Certain
specify: NO NO		
		MARA
Brief description of filing. (If f	iling follows rates of an a	idvisory 201
Organization, specify		DEPARTMENT OF ILLINO
organization):		DEPARTMENT OF ILLINOI SPRINGFIELD, ILLINO
Adoption of latest NCCI loss cost		TLLINO

Brotherhood Mutual Insurance Company

Name of Company
Larry Jackson, AVP Research & Development

Official - Title

1.

2

3. 4. 5. 6.

7.

8.

9.

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision

effective 01/01/2012	<u> </u>	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		

**Fidelity** Surety **Boiler and Machinery** Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$3,654,483 3.7% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI approved loss costs reference circular IL-2011-14 \*Adjusted to reflect all prior rate changes.

Carolina Casualty Insurance Company Name of Company Alana Salinas - Team Leader Underwriting Operations Official - Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2012				
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>		
Automobile Liability Private				
Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft  5. Glass  6. Fidelity  7. Surety  8. Boiler and Machinery  9. Fire  10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers' Compensation Line of Insurance	13,341,282	-7.3%		
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify:			
Adoption of the 1/1/12 loss costs published by NCCI *Adjusted to reflect all prior rate changes.	ates of an Advisory organization, specify organization and current LCMs  (NCCI Filing Circular # IL-2010-05) with current LCMs  inich will result from application of new rates	effective 2/1/12		
	Chubb Indemnity Insurance C	Company		
	Vice President	me of Company  ALA Jack  Official Title		



FEB 0 1 2012

State of Illinois Department of Insurance Springfield, Illinois

#### FORM RF-3

	(1)	(2)		(3)
	Coverage	Annual Premium		Percent
		Volume (Illinois)*	·	hange ( + or -)*
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage Private Passenger			
	Commercial	-		
3.	Liability Other than Auto	<u> </u>		
4.	Burglary and Theft			
5.	Glass		_	
6.	Fidelity		*****	
7.	Surety			
8.	Boiler and Machinery		•	
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
	Commercial Multi Peril			
13.				<del></del>
	Crop Hail		_	40.000/
14.		6E 000 04E		12.23%
14. 15.	Workers Compensation	\$5,268,315		
14. 15. 16.	Workers Compensation Other		If so. Specify	
14. 15. 16. oes fili	Workers Compensation Other  ng only apply to certain territory (te	erritories) or certain classes?	on, specify organization ) N	cci Jan
14. 15. 16. oes fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows response to the compensation).	erritories) or certain classes?	on, specify organization ) N	CCI JAN.
14. 15. 16. Des fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively)  * Adjusted to reflect all prior rate of the second	erritories) or certain classes?  ates of an advisory organization	on, specify organization ) N	CCI JAN
14. 15. 16. Des fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively).	erritories) or certain classes?  ates of an advisory organization	on, specify organization ) N	CCI JAN.
14. 15. 16. Des fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively)  * Adjusted to reflect all prior rate of the second	erritories) or certain classes?  ates of an advisory organization	on, specify organization ) N	CCI JAN.
14. 15. 16. Des fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively)  * Adjusted to reflect all prior rate of the second	erritories) or certain classes?  ates of an advisory organization	on, specify organization ) N	CCI JAN.
14. 15. 16. Des fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively)  * Adjusted to reflect all prior rate of the second	erritories) or certain classes?  ates of an advisory organization	on, specify organization ) N	
14. 15. 16. Des fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively)  * Adjusted to reflect all prior rate of the second	erritories) or certain classes?  ates of an advisory organization	on, specify organization ) Non, specify organization ) Non, specify organization ) Non, specify organization of new rates.  Church Mutual Insurance	Company
14. 15. 16. oes fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively)  * Adjusted to reflect all prior rate of the second	erritories) or certain classes?  ates of an advisory organization	on, specify organization ) N	Company
14. 15. 16. Des fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively)  * Adjusted to reflect all prior rate of the second	erritories) or certain classes?  ates of an advisory organization	on, specify organization ) Non, specify organization ) Non, specify organization ) Non, specify organization of new rates.  Church Mutual Insurance	Company
14. 15. 16. Des fili	Workers Compensation Other  Ing only apply to certain territory (territory of filing ( if filing follows respectively)  * Adjusted to reflect all prior rate of the second	erritories) or certain classes?  ates of an advisory organization changes. level which will result from a	on, specify organization ) Non, specify organization ) Non, specify organization ) Non, specify organization of new rates.  Church Mutual Insurance	Company pany

	Change in Company's premium or rate le	evel produced by rate revision effection	ve <u>5/1/12</u>
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	· · · · · · · · · · · · · · · · · · ·	
5.	Glass		
6.	Fidelity	-	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$1,792,651	+3.7%
Doe	s filing only apply to certain territory (territ	ories) or certain classes? If so, spec	ify. No
Brie	f description of filing. (If filing follows rate Adopting NCCI loss cost approval circula		organization):
*	Adjust to reflect all prior rate changes. Change in Company's premium level wh	ich will result from application of new	<i>r</i> rates.
			LUMBIA NATIONAL INS. CO. Name of Company
	A		Name of Company

MAY 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Dennis McVay, CPCU

Director, Research & Development

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate lev	vel produced by rate revision effective	04/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage	-	
<b>B</b> 1 . <b>B</b> 1		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11 Inland Marino		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$27,435,743	+9.6%
Brief description of filing. (If filing follows ra Adopting 1-1-12 NCCI-approved loss cost	ates of an advisory organization, specify orga s and revising Loss Cost Multiplier.	inization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh		d Insurance Company
	Na	me of Company
	an Nuly	
	Eric Neely	
	Senior Vice President, Produc	ct Management and Underwriting
		Official - Title
	•	
7.77455522		



MAR 0 1 2012

#### FORM RF-3

# STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title

Change in	n Company's premium or rate level produced by r	ate revision effective:	3/1/2012
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger		
3 . 4 . 5 .	Commercial Liability Other than Auto Burglary and Theft Glass		
6. 7. 8. 9.	Fidelity Surety Boiler and Machinery Fire Extended Coverage		
11 . 12 . 13 . 14 .	Inland Marine Homeowners Commercial Multi-Peril Crop Hail		
15 . 16 .	Workers Compensation Other:	4,071,455	1.1%
	ng only apply to certain territory (territories) or ce		Not Applicable
<u>We</u>	cription of filing (if filing follows rates of an advi e are adopting the 1/1/2012 NCCI IL voluntary ra	tes with an effective date of 3/1/2012	
	force Written Premium ange in Company's premium level which will res	ult from application of new rates.	
		Continental Casi	· · · · · · · · · · · · · · · · · · ·

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#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

MAR 0 1 2012

Change in	n Company's premium or rate level produced by rate revisi	on effective:	STATE OF ILLINOIS  DEPARTMEMIZOF: INSURANCE  SPRINGFIELD, ILLINOIS
	(1)	(2)	(3)
	(-)	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		-
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		· · · · · · · · · · · · · · · · · · ·
12 .	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	361,505	2.6%
16.	Other:	301,303	2.070
10.	Other.		
Does filii	ng only apply to certain territory (territories) or certain clas	sses? If so, specify.	Not Applicable
	cription of filing (if filing follows rates of an advisory organized are adopting the 1/1/2012 NCCI IL voluntary rates with a		).
	force Written Premium lange in Company's premium level which will result from a	application of new rates.	
		The Continent	al Insurance Company
			e of Company
		ivanic	·
		Robert Anderson ACAS	S, Actuarial Consulting Director
			icial - Title
		On	

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 01/01/2012

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **		
1.	Automobile Liability Private Passenger	relamo (minero)			
	Commercial				
2	Automobile Physical Damag				
	Private Passenger		•		
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
8.	Boiler and Machinery	Manager and the state of the st			
9.	Fire				
10.	Extended Coverage		1000 miles - 1000		
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail	00.000			
15.	Other Workers' Compensation	29,636	7.76%		
	Life of Insurance				
•	Does filing only apply to certain territory (territories) or certain				
	Classes? If so,	• , , ,			
	specify: No No				
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify				
	organization):	Adopt NCCI Rates and	d Rating Values Effective 1/1/2012		
	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new				
_	rates.  Dakota Truck Underwriters				
	Name of Company				

Christine Johnson - Compliance Coordinator

Official - Title

FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**			
Automobile Liability Private					
Passenger	A.	***************************************			
Commercial	**************************************				
Automobile Physical Damage Private Passenger					
Commercial	***************************************				
Liability Other Than Auto					
Burglary and Theft					
Glass					
Fidelity					
Surety					
Boiler and Machinery					
Fire					
Extended Coverage		******			
Inland Marine Homeowners		**************************************			
Commercial Multi-Peril		***************************************			
Crop Hajl	***************************************				
Other Workers Compensation	410 706 33				
Life of Insurance	410,303,313	<u> </u>			
Does filing only apply to certa	in ferritory (territor	ries) or certain			
classes? If so, specify:	NO - Filing is	statewide			
Brief description of filing.	(If filing follows rate	es of an advisory			
organization, specify organization): +a adopt the 1-1->017					
Filineis loss costs of the MCCI. (In past years					
the company had in	red NCCI nat	es.)			
<pre>*Adjusted to reflect all prior **Change in Company's premium new rates.</pre>	r nate changes. level which will result	t from application of			
	Diamond	Insurance Compani			
		Company of			

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 03/01/2012 .

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **			
1.	Automobile Liability Private	- Volume (minois)	Change (101-)			
٠.	Passenger					
	Commercial					
2	Automobile Physical Damag					
	Private Passenger		•			
	Commercial					
3.	Liability Other Than Auto					
4.	Burglary and Theft		<u> </u>			
5.	Glass					
6.	Fidelity	William 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997				
7.	Surety					
8.	Boiler and Machinery					
9.	Fire					
10.	Extended Coverage	***************************************				
11.	Inland Marine					
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail					
15.	Other Workers Compensation	\$9,088,709	+8.9%			
	Life of Insurance					
•	Does filing only apply to certain territory (territories) or certain Classes? If so,					
	specify: No					
Brief description of filing. (If filing follows rates of an advisory Organization, specify						
	organization):	Adopt NCCI 1/1/2012	loss costs with LCM changes			
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of new company's premium level which will result from application of the company's premium level which will result from application of the company's premium level which will result from the company level which will be applicated by the company level which which will be						
	Employers Assurance Company					

Name of Company Steven Koester, Underwriting Business Analyst

Official - Title

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 03/01/2012

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	** 10 CONT.	
4.	Burglary and Theft		
5.	Glass		
<b>3</b> .	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$761,108	+8.9%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
	specify: No		
	Duief de cointies of Sline (166		4.:
	Brief description of filing. (If f Organization, specify	lling follows rates of an a	avisory
	organization):	Adopt NCCI 1/1/2012	loss costs with LCM changes
	organization).	7100pt 11001 17 1120 12	lose cools with Low orlanges
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.		

Employers Compensation Insurance Company

Name of Company
Steven Koester, Underwriting Business Analyst

Official - Title

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/12

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	<pre>Volume (Illinois) *</pre>	Change (+ or -)**
<ol> <li>Automobile Liability         Private Passenger         Commercial</li> <li>Automobile Physical Damage</li> </ol>		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
2. Homeowners		,
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$863,601	+3.7%
Line of Insurance		

Does filing only apply to certain territory (territories)or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI Loss Costs IL-2011-14 maintaining current multipliers. Our filing is effective 3/1/12. There is a \$500 exception Minimum Premise gode 9015.

in for code

MAR 0 1 2012

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

\_\_ Employers\_Fire\_Insurance -Company-

Name of Company

RECEIVED

DEC 30 2011
STATE OF ILLINOIS
BEPARTMENT OF INSURANCE
SPRINGFIELD

JOSEHE til

Josette D. Kiel, Chief Underwriting Officer
Official- Title

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective <u>03/01/2012</u>.

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		**************************************
	Private Passenger		•
	Commercial		4
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$15,838,230	+13.6%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No	ain territory (territories) or	certain
	Brief description of filing. (If Organization, specify	•	•
	organization):	Adopt NCCI 1/1/2012	loss costs with LCM changes
		,	
	*Adjusted to reflect all prior r	ato changes	
·	*Adjusted to reflect all prior ra **Change in Company's pren- rates.		t from application of new
		Employers Preferre	ed Insurance Company

Name of Company
Steven Koester, Underwriting Business Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		02/01/12	
		•	
		(2)	(0)
	(1)	(2)	(3)
		Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Autobobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than August Burglary and The		
<b>4</b> .	Burglary and The		
т. 5.	Glass		
5. 6.	pone : 4 - 4 - 4		
	, I ED & I EUL		
7.	Surety Politica and Machinera and Machinera		
8.	Boiler and Machineratate of ILLINOIS Fire DEPARTMENT OF INSURANCE		
9.	Extended Coverage	·	
10.	Extended Coverage		
11,	Inland Marine		
12.	Homeowners	4	
13.			
	Crop Hail		
15.	Other Workers Compensation	<u>\$1,818,014</u>	+3.7 %
	Line of Insurance		
_	Current and the second of the section of the section of		
Doe	s filing only apply to certain territory (territories)	or certain classes? If so, specif	y: <u>No</u>
D=:=	f description of filing /If filing follows rates of an	advisory organization, aposity	organization):
DHE	f description of filing. (If filing follows rates of ar This filing is to adopt the approved NCCI Circul		
	This liling is to adopt the approved NCCI Circui	iai iL-2011-14 with a delayed en	ective date of 2/1/2012.
*Ac	ljusted to reflect all prior rate changes.		
	nange in Company's premium level which will re	sult from application of new rate	9
O,	larige in company a promisin level windristin to	can nom approation of now rate	<b>.</b>
		Erie Insuranc	ce Company
		Name of 0	
		( )	
		Koss tentu	alle
		Ross C. Fonticella, ACAS, MA	AA
		Vice-President and Manager	
		Official	- Title
		Siliolar	· · · · · ·

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

F	LE
FEB DEPARTATE OF SERINGUEDS	0 1 2012
02/01/12	ELINOIS NEE

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	, , , , , , , , , , , , , , , , , , , ,		
	Private Passenger		
	Commercial .		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11,	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other Workers Compensation	\$2,966,715	+3.7 %
	Line of Insurance		
	es filing only apply to certain territory (territorie f description of filing. (If filing follows rates of This filing is to adopt the approved NCCI Circ	an advisory organization, specify or	ganization):
	ljusted to reflect all prior rate changes. nange in Company's premium level which will		
		Erie Insurance Com	
		Name of Co Hors Foutec	th
		Ross C. Fonticella, ACAS, MAA	A
		Vice President and Manager	
		Official -	-Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level prod	uced by rate revision effective	02/01/12
	(1)	(2)	(3)
	(.,	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1	Automobile Liability	voidino (ininolo)	
••	Private Passenger		
	Commercial		
2	Automobile Physical Damage	-1	
	Private Passenger	AND THE RESIDENCE OF THE PARTY	
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
,	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$8,815,709	+3.7 %
	Line of Insurance	Ψ0,010,700	13.7 76
	En of modrano		
Doe	es filing only apply to certain territory (territories	s) or certain classes? If so, specif	v: No
	, , , , , , , , , , , , , , , , , , , ,	, ,	
Brie	f description of filing. (If filing follows rates of	an advisory organization, specify of	organization):
	This filing is to adopt the approved NCCI Circ	cular IL-2011-14 with a delayed eff	ective date of 2/1/2012.
	ljusted to reflect all prior rate changes.		
'*Cl	nange in Company's premium level which will r	result from application of new rate	s.
		Erie Insurand	
		Name of (	Company
		Charles Toland	L.
		_ Tool formeell	<u></u>
		Ross C. Fonticella, ACAS, MA	<b>4A</b>
		—Vice-President-and-Manager—	
		Official	- Tite

FEB 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

#### ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boller and Machinery Fire D. Extended Coverage I. Inland Marine D. Homeowners Compension Line of Insurance  Des filling only apply to certain territory (territories) or certain classes? If so, specify This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company		(2) Annual Premium	(3) Percent
Private Passenger Commercial  Automobile Physical Damage Private Passenger Commercial  Liability Other Than Auto  Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire  Extended Coverage Inland Marine Crop Hail Cr	Coverage	Volume (Illinois)*	<u> Change (+ or -)**</u>
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage I, Inland Marine Line of Insurance  Des filling only apply to certain territory (territories) or certain classes? If so, specify:  No  Des filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  Adjusted to reflect all prior rate changes.  Change in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company  Ross C. Fonticella, ACAS, MAAA Vice President and Manager	Automobile Liability		
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify: No  ef description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company  Author Company Ross C. Fonticella/ACAS, MAAA Vice President and Manager	Private Passenger		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify: No  ef description of filling. (If filling follows rates of an advisory organization, specify organization): This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  dijusted to reflect all prior rate changes. hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company  Authoritical Carlos Ross C. Fonticella ACAS, MAAA Vice President and Manager	Commercial		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify: No  ef description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  djusted to reflect all prior rate changes. hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company AAA Vice President and Manager	Automobile Physical Damage		
Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  Mo  ef description of filing. (If filing follows rates of an advisory organization, specify organization): This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company  What Label Ross C. Fonticella/ACAS, MAAA Vice President and Manager		4.7.11111111111111111111111111111111111	
Burglary and Theft Glass Fidelity Surety Boller and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  Mo  Mo  Mo  Mo  Mo  Mo  Mo  Mo  Mo  M	Commercial		
Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify: No  ef description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  dijusted to reflect all prior rate changes. hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company Ross C. Fonticella/ACAS, MAAA Vice President and Manager	Liability Other Than Auto		
Glass Fidelity Surety Boller and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify: No  ef description of filling. (If filling follows rates of an advisory organization, specify organization): This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  dijusted to reflect all prior rate changes. thange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company Ross C. Fonticella/ACAS, MAAA Vice President and Manager			
Surety Boller and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  No  In description of filling. (If filling follows rates of an advisory organization, specify organization): This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  Idjusted to reflect all prior rate changes. In ange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company Ross C. Fonticella, ACAS, MAAA Vice President and Manager			
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  Mo  ef description of filling. (If filling follows rates of an advisory organization, specify organization): This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company  Ross C. Fonticella, ACAS, MAAA  Vice President and Manager	Fidelity		
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  Mo  ef description of filling. (If filling follows rates of an advisory organization, specify organization): This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company  Ross C. Fonticella, ACAS, MAAA  Vice President and Manager	Surety		
Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  No  ef description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  dijusted to reflect all prior rate changes. hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company  Ross C. Fonticella ACAS, MAAA  Vice President and Manager			
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  No  ef description of filling. (If filling follows rates of an advisory organization, specify organization): This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  dijusted to reflect all prior rate changes. hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company Ross C. Fonticella, ACAS, MAAA Vice President and Manager	<del>-</del>		
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filling only apply to certain territory (territories) or certain classes? If so, specify:  No  ef description of filing. (If filling follows rates of an advisory organization, specify organization): This filling is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  djusted to reflect all prior rate changes. hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty Name of Company Ross C. Fonticella, ACAS, MAAA Vice President and Manager			
Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  No  ef description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  dijusted to reflect all prior rate changes.  Change in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company Ross C. Fonticella ACAS, MAAA  Vice President and Manager	•		
Crop Hail Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  No  ef description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  dijusted to reflect all prior rate changes. hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company  Ross C. Fonticella ACAS, MAAA  Vice President and Manager			
Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  No  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  dijusted to reflect all prior rate changes.  hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company  Ross C. Fonticella/ACAS, MAAA  Vice President and Manager	Commercial Multi-Peril		
Other Workers Compensation Line of Insurance  es filing only apply to certain territory (territories) or certain classes? If so, specify:  No  ef description of filing. (If filing follows rates of an advisory organization, specify organization):  This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  djusted to reflect all prior rate changes.  hange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company  Ross C. Fonticella/ACAS, MAAA  Vice President and Manager			
Line of Insurance  s filing only apply to certain territory (territories) or certain classes? If so, specify:  No  f description of filing. (If filing follows rates of an advisory organization, specify organization):  This filing is to adopt the approved NCCI Circular IL-2011-14 with a delayed effective date of 2/1/201  justed to reflect all prior rate changes.  lange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company  Ross C. Fonticella/ACAS, MAAA  Vice President and Manager		\$322 019	+3 7 %
justed to reflect all prior rate changes.  ange in Company's premium level which will result from application of new rates.  Erie Insurance Property & Casualty  Name of Company  Ross C. Fonticella, ACAS, MAAA  Vice President and Manager			
Ross C. Fonticella, ACAS, MAAA Vice President and Manager	This filing is to adopt the approved NCCI Cir		71170 GG10 07 27 1720 12.
Ross C. Fonticella, ACAS, MAAA Vice President and Manager	djusted to reflect all prior rate changes.	result from application of new rates.	
Vice President and Manager	djusted to reflect all prior rate changes.		perty & Casualty
Official Title	djusted to reflect all prior rate changes.	Erie Insurance Prop	
Official - Title	djusted to reflect all prior rate changes.	Erie Insurance Prop Name of Co Fortice Ross C. Fonticella, ACAS, MAAA	ompany Lle
rkn	djusted to reflect all prior rate changes.	Erie Insurance Prop Name of Co Fortice Ross C. Fonticella, ACAS, MAAA	ompany Lle
DEPARTMENT	djusted to reflect all prior rate changes.	Ross C. Fonticella, ACAS, MAAA Vice President and Manager	ompany L

GEPARTMENT OF ILLINOIS
SPRINGFIELD, ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		April 1, 2012	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft 5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
44 Inland Marker			
12 Homogumers			
12 Commorcial Multi Daril			
14. Crop Hail			
15. Other Workers Compensation  Line of Insurance	6,286,205	-0.3%	
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follows rates	s of an advisory organization, specify org	anization):	
Everest is adopting NCCi's revised loss costs	s and rating values, effective April 1, 201.	2	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates.		
	Everest Neti	onal Insurance Company	
		ame of Company	
	Reid Bell	anca - Vice President	
		Official – Title	

#### ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 6/1/2012

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. /	Automobile Liability Private		
	Passenger Commercial		
2. /	Automobile Physical Damage Private Passenger Commercial		
3. l	iability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
10. I	Extended Coverage		
11. I	nland Marine		
12. I	Homeowners		
13. (	Commercial Multi-Peril		
	Crop Hail		
15. (	Other Workers' Compensation	\$2,112,274	-4.7%
	Line of Insurance		
_			
Does	filing only apply to certain territory (	territories) or certain classes? If so, specify:	No.
Brief	description of filing. (If filing follows r	rates of an advisory organization, specify orga	anization): Adopting NCCI loss cost
	r IL-2011-14 and revising loss costs.	, , , , ,	, <u></u>
· <del></del>			
*Adju	isted to reflect all prior rate changes.		

Farmland Mutual Insurance Company

Name of Company

Vice President - Underwriting

Official - Title



JUN 0 1 2012

STANDARD OF ILLIVEIS

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET!

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	02/01/2012
	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	voiume (minois)	Change (+ or -)
1.	Automobile Liability Private	•	
	Passenger Commercial	1	
2.	Automobile Physical Damage Private Passenger Commercial	·	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		- A B   A
	inland Marine		<i>J.</i> *
	Homeowners		1949.
	Commercial Multi-Peril		
	Crop Hail	22,675,772	-7.7%
15.	Other Workers' Compensation  Line of Insurance	22,673,772	-1.176
	Line of insurance		
		territories) or certain classes? If so, specify	
Appl	ies to all territories and classes.		
		rates of an vadvisory organization, specify or I (NCCI Filing Circular # IL-2010-05) with current LCM	
	ljusted to reflect all prior rate changes	hich will result from application of new rates	2
9	go iii oompany a promam iavai w	recuit it citt application of their fator	
		Federal Insurance Company	,
			ame of Company
		Vice President	test stall
			Official = Title

FILED

FEB 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



FORM (RF-3)

JAN 0 1 2012

#### **SUMMARY SHEET**

STATE OF ILLINOIS

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
i i	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		<u> </u>
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
).	Extended Coverage		
۱.	Inland Marine	,	
2.	Homeowners		
3.	Commercial Multi-Peril	,	
1.	Crop Hail		
5.	Other wc	95,877	-3.1%
	Life of Insurance		<del></del>
•	5		
	Does filing only apply to certa	in territory (territories) of	certain
	Classes? If so,		
	specify: NO		<del></del>
	Brief description of filing. (If f Organization, specify organization):		epting NCCT Loss Cost
	- Approved the	· + C & C + 1 · /	
	*Adjusted to reflect all prior ra **Change in Company's prem		lt from application of new
	rates.	Federated Rural E	lectric Insurance Exchange
			me of Company
		ina	inc or company

Chant Sent, Actuarial Asst.

Official - Title

## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	te level produced by rate revision
effective March 1, 2012	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	voidino (minolo)	Change (101)
•	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger	•	•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
<b>3</b> .	Fidelity	***************************************	
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Worker's Compensation	1,581,990	3.7%
	Life of Insurance		
•	Does filing only apply to certa	in tarritan/(tarritarias) ar	cortain
	Classes? If so,	in territory (territories) or	Certain
	specify: No		
	<u></u>		
	Brief description of filing. (If fi	iling follows rates of an ac	dvisory
	Organization, specify	imig follows factor of all a	a 1.55, y
	organization):	Adoption of NCCI's Voluntar	y Advisory Rates, Loss Costs and Rating
	Values per IL-2011-11, IL-2011-13 and I	L-2011-14.	
	*Adjusted to reflect all prior ra	te changes.	
	**Change in Company's prem	ium level which will resul	t from application of new
	rates.		
		Fireman's Fund Ins	
		Nar	me of Company

William Paukovitz, SR VP/Chief Compliance Officer
Official — Title

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective <u>01/01/2012</u>.

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	33,396	7.33%
10.	Life of Insurance	33,330	1.5570
•	End of insurance		
•	Does filing only apply to certai	n territory (territories) or	certain
	Classes? If so,		
	specify: No		
	Brief description of filing. (If fil	ing follows rates of an a	dvisory
	Organization, specify		
	organization):	Adopt NCCI Rates and	d Rating Values Effective 1/1/2012
	*Adjusted to reflect all prior rat		
	**Change in Company's premi	um level which will resul	It from application of new
	- rates		<del></del>
		First Dakota Indem	
			me of Company
			- Compliance Coordinator
		(	Official – Title

#### **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		
(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>	
\$141,371 erritories) or certain classes? If so, specify	+11.6%	
ates of an advisory organization, specify on a specify of a specific of a specify of a specific of a sp		
Eric Neely	Insurance Company of America Name of Company	
	Annual Premium Volume (Illinois)*  \$141,371  erritories) or certain classes? If so, specify of an advisory organization, specify of and revising Loss Cost Multiplier.  sich will result from application of new rate  First National in the control of the property of the control of the co	

## FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium o	rate level produced by rate revision
effective 01/01/2012	

	(1)	(2) Annual Premium Valuma (Illinaia) *	(3) Percent Change (+or ) **
-	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	•	0.505.005	. 0.4
	Other workers compensation  Life of Insurance	9,505,025	+2.1
	Life of insurance		
	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,		
	specify: No.		
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify		
	organization):	We are adopting NCC	I advisory rates which were
	Approved under NCCI IL-2011-14.		
		·	
	*Adjusted to reflect all prior ra		
	**Change in Company's prem	nium level which will resu	It from application of new
-	rates.		
		First Nonprofit Inst	
			me of Company
		Kelly R. Mendenha	all, CPCU
			Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		02/01/12	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u> Change (+ or -)**</u>
1.	Automobile Liability		
• •	Private Passenger		
	Commercial		
2	Automobile Physical Damage		
۷.	• • • • • • • • • • • • • • • • • • •		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
,	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$5,396,645	+3.7 %
10.	Line of Insurance	Ψο,σοσ,σ το	
	End of modification		
Doe	es filing only apply to certain territory (territor	ies) or certain classes? If so, specif	y: <u>No</u>
Brie	ef description of filing. (If filing follows rates of This filing is to adopt the approved NCCI C	of an advisory organization, specify of ircular IL-2011-14 with a delayed eff	organization): fective date of 2/1/2012.
	djusted to reflect all prior rate changes. hange in Company's premium level which w		A
	Person or		e Flagship City INS. G.
	FILED	Ross Torte	all all
	ECD A	Ross C. Fonticella, ACAS, MA	AA
	FEB 0 1 2012	Vice President and Manager	
		_	ıl - Title
	OPPASTATE OF ILLING	Company and the second of the	

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

## **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

Change in Company's premium or rate lev	vel produced by rate revision effective	04/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial _		
Automobile Physical Damage	-	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$955,784	+8.6%
	ates of an advisory organization, specify organization	
Adopting 1-1-12 NCCI-approved loss cost	is and revising Loss Cost Multiplier.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh		ance Company of America
	Na	ame of Company
	Eric Neely	ī
		ct Management and Underwriting
	Oction vice i resident, i rodd	Official – Title
-		

Form (RF-3) Form (RF-3)

#### SUMMARY SHEET



JUN 0 1 2012

(1)		一种克莱克斯(阿罗尔)——"三·()(NACIE
	(2)	STATE OF ILLINOIS  OF PARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS
•	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	1.3.0	
<del>-</del>	885,599	+3.7%
15. Other Workers Compensation  Line of Insurance	883,399	+3.176
If so, specify:		
	n): With this filing we rate revision set f IL-2011-14 with no	an advisory e are adopting the 1/1/12 forth in NCCI Circular change to our current
Brief description of filing. (If organization	n): With this filing we rate revision set f	e are adopting the 1/1/12 forth in NCCI Circular
	n): With this filing we rate revision set for IL-2011-14 with no deviations.  Tate changes.  Wel which will	e are adopting the 1/1/12 forth in NCCI Circular
organization, specify organization  * Adjusted to reflect all prior notes  ** Change in Company's premium lev	n): With this filing we rate revision set for IL-2011-14 with no deviations.  Tate changes.  Wel which will	e are adopting the 1/1/12 forth in NCCI Circular
organization, specify organization  * Adjusted to reflect all prior notes  ** Change in Company's premium lev	n): With this filing we rate revision set for IL-2011-14 with no deviations.  Tate changes. The velocities will rates.	e are adopting the 1/1/12 Forth in NCCI Circular Change to our current
organization, specify organization  * Adjusted to reflect all prior notes  ** Change in Company's premium lev	n): With this filing we rate revision set for IL-2011-14 with no deviations.  The changes are changes are which will rates.  Graphic Arts Mutual Institute of the change in the change i	e are adopting the 1/1/12 Forth in NCCI Circular change to our current
organization, specify organization  * Adjusted to reflect all prior notes  ** Change in Company's premium lev	n): With this filing we rate revision set for IL-2011-14 with no deviations.  Tate changes. The velocities will rates.	e are adopting the 1/1/12 Forth in NCCI Circular change to our current
organization, specify organization  * Adjusted to reflect all prior notes  ** Change in Company's premium lev	n): With this filing we rate revision set for IL-2011-14 with no deviations.  The changes are changes are which will rates.  Graphic Arts Mutual Institute of the change in the change i	e are adopting the 1/1/12 Forth in NCCI Circular Change to our current
organization, specify organization  * Adjusted to reflect all prior notes  ** Change in Company's premium lev	n): With this filing we rate revision set for IL-2011-14 with no deviations.  The changes are changes are which will rates.  Graphic Arts Mutual Institute of the change in the change i	e are adopting the 1/1/12 Forth in NCCI Circular change to our current
* Adjusted to reflect all prior result from application of new	rate revision set for IL-2011-14 with no deviations.  rate changes. rel which will rates.  Graphic Arts Mutual Instantons Name of Comp	e are adopting the 1/1/12 Forth in NCCI Circular change to our current
* Adjusted to reflect all prior result from application of new	rate revision set for IL-2011-14 with no deviations.  rate changes. rel which will rates.  Graphic Arts Mutual Instantons Name of Comp	e are adopting the 1/1/12 Forth in NCCI Circular change to our current
* Adjusted to reflect all prior result from application of new	rate revision set for IL-2011-14 with no deviations.  rate changes. rel which will rates.  Graphic Arts Mutual Instance of Company	e are adopting the 1/1/12 Forth in NCCI Circular change to our current  surance Company pany
* Adjusted to reflect all prior result from application of new	rate revision set for IL-2011-14 with no deviations.  rate changes. rel which will rates.  Graphic Arts Mutual Instance of Company	e are adopting the 1/1/12 forth in NCCI Circular change to our current  surance Company pany  President & Managing Actuary

#### **ILLINOIS DEPARTMENT OF INSURANCE**

SUMMARY SHEET

Change in Company's premium or rate lev	vel produced by rate revision effective	02/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft  5. Glass  6. Fidelity  7. Surety  8. Boiler and Machinery  9. Fire  10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers' Compensation Line of Insurance	740,877	-4.4%
Does filing only apply to certain territory (		
Brief description of filing. (If filing follows r Adoption of the 1/1/12 loss costs published by NCC		
Aduption of the 1/1/12 loss costs published by NOC	(Neon Find Circular File-2010-00) With Current E	One directive Entre
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wi		
	Vice President	Name of Company  LUG Jeuly
		FEB: 0 1 2012 STATE OF ILLINOIS RIMENT OF INSURANCE
	SEFA	PRINGFIELD, ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

	(1) Covera		(2) I Premium e (Illinois)*	(3) Percent Change (+ or -)**	
1	Assistant to the Date of the Control				
1.	Automobile Liability Priva	te			
2.	Passenger Commercial				
۷.	Automobile Physical Dam Private Passenger Comm				
3.	Liability Other Than Auto	lerciai		<u> </u>	
4.	Burglary and Theft		<del></del>	· · · · · · · · · · · · · · · · · · ·	
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery			<del></del>	
9.	Fire			<del></del>	
10.	Extended Coverage				
11.	Inland Marine		· · · ·		
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other Workers' Com	pensation 20,0	79,079	7.9%	
	Line of Insu	rance			
Does	this filing only apply to certa	ain territory (territories	s) or certain o	classes?	APR 0 1 2012
If so	, specify:			No	DEPARTATE OF ILLINOIS SPRINGFIELD, ILLINOIS DISTRICTOR INSURANCE
					SPRINGNT OF ILLINOIS
Brief	description of filing. (If filing	follows rates of an a	dvisory orga	nization, specify orgar	nization):
					-110/8 10E

Hartford Accident and Indemnity Company will deviate -30% from the group rates. including a loading for our own expenses with an expense multiplier of 1.126.

\* Adjusted to reflect all prior rate changes.

Hartford Accident and Indemnity Company
Name of Company
Thomas McDermott
Assistant Director
Official-Title

<sup>\*\*</sup> Change in the company's premium level which will result from application of new rates.

Effective

Filing Date:

4-1-12

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	11,291,680	9.2%
	Line of Insulance		
Does	this filing only apply to certain territory	(territories) or certain c	lasses?
	specify:	(torritor) or cortain o	No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Casualty Insurance Company will deviate -5% from the group rates. including a loading for our own expenses with an expense multiplier of 1.529.

\* Adjusted to reflect all prior rate changes.

Hartford Casualty Insurance Company
Name of Company
Thomas McDermott
Assistant Director
Official-Title



APR 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

<sup>\*\*</sup> Change in the company's premium level which will result from application of new rates.

Effective
Filing Date: 4-1-12 transparence

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium	or rate level produced by
rate revision effective	

April 01, 2012

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automob	ile Liability Private		
••		er Commercial		
2.	_	ile Physical Damage		
۷.				
2		Passenger Commercial		
3.		Other Than Auto		<del></del>
4.		and Theft	<del></del>	
5.	Glass			
6.	Fidelity			
7.	Surety			
8.		d Machinery		
9.	Fire			
10.	Extended	d Coverage		
11.	Inland M	arine		
12.	Homeow	ners		
13.	Commer	cial Multi-Peril		
14.	Crop Hai	l		
15.	Other	Workers' Compensation	10,534,733	8.0%
		Line of Insurance		
Does t	this filina o	nly apply to certain territory (	(territories) or certain cl	lasses?
	specify:	,, 10 00/10 10///00/5		No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Fire Insurance Company will deviate -10% from the group rates. including a loading for our own expenses with an expense multiplier of 1.448.

\* Adjusted to reflect all prior rate changes.

Hartford Fire Insurance Company
Name of Company
Thomas McDermott
Assistant Director
Official-Title



APR 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
OPRINGFIELD, ILLINOIS

<sup>\*\*</sup> Change in the company's premium level which will result from application of new rates.

Effective

Filing Date: 4-1-12- +612002

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automol	bile Liability Private		
	Passeng	ger Commercial		
2.		bile Physical Damage		
	Private I	Passenger Commercial		
3.	Liability	Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler ar	nd Machinery		
9.	Fire	-	-	
10.	Extende	d Coverage		
11.	Inland M	larine		
12.	Homeov	vners		· · · · · · · · · · · · · · · · · · ·
13.	Comme	rcial Multi-Peril		
14.	Crop Ha	uil		
15.	Other	Workers' Compensation Line of Insurance	17,542,338	8.0%
Does	this filing	only apply to certain territory	(tarritories) or certain c	laccac?
	, specify:	only apply to certain terniory	(territories) or certain c	No
	, ,,			

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company Of Illinois will deviate -20% from the group rates. including a loading for our own expenses with an expense multiplier of 1.287.

\* Adjusted to reflect all prior rate changes.

Hartford Insurance Company Of Illinois
Name of Company
Thomas McDermott
Assistant Director
Official-Title



<sup>\*\*</sup> Change in the company's premium level which will result from application of new rates.

Filing Date: 4-1-12 175-2012

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

		(1)	(2) Annual Premium	(3) Percent
	<del></del>	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automob	oile Liability Private		
		er Commercial		
2.		ile Physical Damage		
		Passenger Commercial		
3.		Other Than Auto		
4.	•	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler an	d Machinery		
9.	Fire	•		
10.	Extende	d Coverage		
11.	Inland M	arine		
12.	Homeow	ners		
13.	Commer	cial Multi-Peril		
14.	Crop Ha	il		
15.	Other	Workers' Compensation	31,967,723	8.0%
		Line of Insurance		
Does f	this filing o	only apply to certain territory (	territories) or certain c	lasses?
	specify:	,		No
,	,			

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company of the Midwest will deviate -15% from the group rates. including a loading for our own expenses with an expense multiplier of 1.368.

\* Adjusted to reflect all prior rate changes.

Hartford Insurance Company of the Midwest
Name of Company
Thomas McDermott
Assistant Director

Official-Title

OFFICE OF THE OF

<sup>\*\*</sup> Change in the company's premium level which will result from application of new rates.

Filing Date: Effective 4-1-12 Trained

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)*
1.	Automobile Liability Private		
••	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		<u> </u>
14.	Crop Hail		
15.	Other Workers' Compensation	16,130,779	8.0%

FILED

APR 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Underwriters Insurance Company will deviate 10% from the group rates. including a loading for our own expenses with an expense multiplier of 1.77.

\* Adjusted to reflect all prior rate changes.

Hartford Underwriters Insurance Company Name of Company Thomas McDermott Assistant Director Official-Title

<sup>\*\*</sup> Change in the company's premium level which will result from application of new rates.

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>06/01/2012</u>.

(1) Coverage		(2) nual Premium lume (Illinois)*	(3) Percent Change (+ or -)**	
Automobile Liability     Private Passenger     Commercial				
Commercial     Automobile Physical Damage				
Private Passenger				
Commercial				
3. Liability Other than Auto				
4. Burglary and Theft	***************************************			
5. Glass		<del></del>		
6. Fidelity				
	FILED	<del></del>		
8. Boiler and Machinery 9. Fire				
10. Extended Coverage				
11. Inland Marine	JUN 0 1 2012			
13. Commercial Multi-Peril DEPA	STATE OF ILLINOIS RTMENT OF INSURANCE PRINGFIELD, ILLINOIS			
14. Crop Hail	PRINGFIELD INSURANCE			
15. Workers Compensation	LLINOIS	\$184,826,871	<u>-5.5%</u>	
16. Other				
Line of Insurance				
Does filing only apply to certain territory (	territories) or certain classes?	If so, specify No		
Brief description of filing (if filing follows r (Adopt 1/1/12 Advisory Rates)	ates of an advisory organization	on, specify organizati	on) <u>See Filing Memorandum</u>	<u>n;</u>
	And the state of t	-	- 6-8-8-4-10	

INDEMNITY INSURANCE COMPANY of N. AMERICA Name of Company

<u>John Fogleboch – WC Compliance Analyst</u> Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

#### **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

Change in Company's premium or rate le	evel produced by rate revision effective	04/01/2012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> </ol>		
<ul> <li>9. Fire</li> <li>10. Extended Coverage</li> <li>11. Inland Marine</li> <li>12. Homeowners</li> <li>13. Commercial Multi-Peril</li> <li>14. Crop Hail</li> <li>15. Other Workers Compensation Line of Insurance</li> </ul>	\$4,612,690	+6.8%
No  Brief description of filing. (If filing follows	rates of an advisory organization, specify organization	ganization):
Adopting 1-1-12 NCCI-approved loss cos	sts and revising Loss Cost Multiplier.	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates	Insurance Company Name of Company
	Eric Neely Senior Vice President, Prod	uct Management and Underwriting Official – Title

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective \_\_January 1, 2012.

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail	JAN 0 1 2012  STATE OF ILLINOIS DEPARTMENT OF INSURAN SPRINGFIELD, ILLINOIS			
15. Workers Compensation 16. Other Line of Insurance		\$1,840,030	+5.4%	
Does filing only apply to certain t	territory (territories) or certain class	ses? If so, specify		
, , , ,	follows rates of an advisory organ			
Multiplier of 1.789. The implied rat	te change from the 9/1/11 rates to th	e 1/1/12 rates is 5.4%.		

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

**Lumbermen's Underwritng Alliance** Name of Company

Donna Bauman - Govt. Affairs Senior Analyst Official — Title

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level prod	uced by rate revision effective	April 1, 2012
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	(	
Private Passenger		
Commercial		
2. Automobile Physical Damage	<del></del>	
Private Passenger		
Commercial		
3. Liability Other than Auto		
Burglary and Theft		
5. Glass		*
6. Fidelity	<del></del>	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		<del></del>
14. Crop Hail	<del></del>	
15. Workers Compensation	2,073,795	+3.7%
16. Other	2,013,193	13.178
Line of Insurance  Does filing only apply to certain territory (territories	s) or certain classes? If so, specify	<u>No</u>
Brief description of filing (if filing follows rates of a At this time, the Manufacturers A adopt the loss costs approved in 1.920 LCM.	Iliance Insurance Company	(FEIN #23-2086596) files to
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which w		acturers Alliance Insurance
		Name of Company
		. Greer- Associate Product Specialis
	Official -	Title

#### IL Department Of Insurance FORM (RF-3) SUMMARY SHEET

	revision effective(1)	April 1, 2012 (2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$1,536,698	-0.3%
	Line of Insurance		
	Does filing only apply to certain territory (territory	ories) or certain	
С	lasses? If so, specify: No		
_			
В	Brief description of filing. (If filing follows rates	of an advisory	
		adoping the NCCI approval 1/1/201	2 voluntary loss costs, for
U		ewal policies.	2 Volumary 1033 Costs, 101
-	and rene	war ponoies.	
_			

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



Maryland Casualty Company
Name of Company

APR 0 1 2012

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Shierra Avila - Reg Services Analyst

## **ILLINOIS DEPARTMENT OF INSURANCE**

#### **SUMMARY SHEET**

Change in Company's premium or rate	evel produced by rate revision effective	6/0//12 45342012
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers Compensation         <ul> <li>Line of Insurance</li> </ul> </li> </ol>	\$1,042,429  (territories) or certain classes? If so, specify:	-2.43%
NA  Brief description of filing. (If filing follows	s rates of an advisory organization, specify or he underlying rating factors, schedule rating	ganization): Adoption of the 1/1/2012
*Adjusted to reflect all prior rate change	s. which will result from application of new rates <u>Meridian Se</u>	

#### FORM (RF-3)

#### **SUMMARY SHEET**

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$11,143,602	3.7%
Life of Insurance		
Doog filing only apply to com	tain tarritan, (tarritarias) ar	cortain
Does filing only apply to cer Classes? If so,	tain terniory (terniories) or	Certain
specify: N/A		
specify.		
Brief description of filing. (If	filing follows rates of an ac	tvisory
Organization, specify	iming tonows rates or arr ac	2 V 10 O 1 y
organization):	Adoption of NCCI approve	d loss costs reference circular
IL-2011-14		

Midwest Employers Casualty Company
Name of Company
Alana Salinas - Team Leader Underwriting Operations
Official — Title

FORM (RF-3)



#### **SUMMARY SHEET**

FEB 0 1 2012

	(4)	(0)	SPRINGFIELD, ILLING	
	(1)	(2)	(3)	
		Annual Premium	Percent	
	Coverage	Volume (Illinois) *	Change (+or-) **	
	Automobile Liability Private			
F	Passenger			
(	Commercial			
F	Automobile Physical Damag			
F	Private Passenger		•	
(	Commercial			
L	iability Other Than Auto			
	Burglary and Theft			
	Glass			
	Fidelity			
	Surety			
	Boiler and Machinery			
	Fire			
	Extended Coverage			
	nland Marine			
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			
Ĺ	Other Workers' Compensation	266351	3.7%	
	Life of Insurance			
1	Does filing only apply to cert	ain territory (territories) or	certain	
	Classes? If so,	an termory (termones) or	oorta	
	specify: N/A			
•			***************************************	
Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify	ming removed rates of an a	a.1.55. y	
	organization):	Adoption of NCCI rate refe	erenced in IL-2011-11 on 2/1/2012	
		and the second s		
_				
4	*Adjusted to reflect all prior r	ate changes		
	**Change in Company's prer	•	It from application of new	
	rates.	<u></u>	попаверанной от пот	
1		Milwaukee Casual	ty Insurance Company	
			me of Company	
			es Shoenfelt, ACAS	

Official - Title

#### **SUMMARY SHEET**

Scott M. Herbert, Sr. Gov't.

Affairs Analyst
Official - Title

(	Change in	Company's premium or	rate level produced by rate revision effecti	ive 02/01/2012		
	C	(1)	(2) Annual Premium	(3) Percent		
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>		
1.	Automo	bile Liability				
		e Passenger				
	Comm	nercial				
2.		bile Physical Damage				
		e Passenger				
	Comm					
3.		y Other Than Auto				
4.		y and Theft				
5.	Glass					
6.	Fidelity	•				
7.	Surety					
8.	Boiler a	and Machinery				
9.	Fire					
10.		ed Coverage				
11.	Inland I					
12.	Homeo					
13.		ercial Multi-Peril				
14.	Crop H	ail				
15.	Other	Workers'	5,038,248	-3.2%		
		Compensation				
		Line of Insurance				
Does f	iling only	apply to certain territory	(territories) or certain classes? If so, spec	cify:		
	<del> </del>					
D . C	1	C.Clin /IC.Clin.a.follo	ows rates of an advisory organization, spec	cify organization)		
Brief (	ntion of	the National Counci	l on Compensation Insurance, Inc.'	s ("NCCI") Illinois Voluntary		
			Rating Values effective January 1			
		ry 1, 2012.	Training values effective ballacity 1	, 2012, 11310 21100110		
Date	rediua	1y 1, 2012.				
* A	diusted to	reflect all prior rate char	iges			
		Company's premium leve				
		··· F F				
			FCD 0 = 0040 N	Itsui Sumitomo Insurance		
				Company of America		
			<del></del>	Name of Company		
			State of Illinois Department of Indurance			
			SPRINGPIELD, ILLINOIS			

H29219D

#### **SUMMARY SHEET**

(	Change in	Company's premium or ra	te level produced by rate revision effective	02/01/2012	
		(1)	(2)	(3)	
		Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**	
1.	Automo	bile Liability			
	Private	e Passenger			
	Comm	ercial			
2.		bile Physical Damage			
		e Passenger			
	Comm				
3.		y Other Than Auto			
4.		y and Theft			
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland I				
12.	Homeo				
13.		rcial Multi-Peril			
14.	Crop H				
15.	Other	Workers'	1,944,364	-4.4%	
		Compensation			
		Line of Insurance			
Does f	iling only	apply to certain territory (	territories) or certain classes? If so, specify:		
			rs rates of an advisory organization, specify of		
			on Compensation Insurance, Inc.'s ("I		
Market Advisory Loss Costs and Rating Values effective January 1, 2012, MSIG Effective					
Date February 1, 2012					
		<u>, , , , , , , , , , , , , , , , , , , </u>			

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



Mitsui Sumitomo Insurance USA Inc.

Name of Company

FEB 0 1 2012

Scott M. Herbert, Sr. Gov't. Affairs Analyst

Official - Title



#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

MAR 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change i	in Company's premium or rate level produce		SPRINGFIELD, ILLINOIS
	(1)	(2)	(3)
	` '	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	12,087,569	3.0%
16.	Other:		
Does fili	ng only apply to certain territory (territories	) or certain classes? If so, specify.	Not Applicable
	scription of filing (if filing follows rates of a re adopting the 1/1/2012 NCCI IL volunt	n advisory organization, specify organization). ary rates with an effective date of 3/1/2012	
_	-force Written Premium hange in Company's premium level which w	ill result from application of new rates.	
		National Fire Insurance	Company of Hartford
			Company

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
1. Automobile Liability	volume (minors)	Change (1 of -)
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
Crop Hail     Workers Compensation	\$3,291,318	3.7%
4. Crop Hail 5. Workers Compensation 6. Other	\$3,291,318	3.7%
Crop Hail     Workers Compensation	\$3,291,318	3.7%
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance		
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance  pes filing only apply to certain territory (territories)		
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance  pes filing only apply to certain territory (territories)	es) or certain classes? If so, specify	
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance  Des filing only apply to certain territory (territories)  ief description of filing (if filing follows rates of a	es) or certain classes? If so, specify an advisory organization, specify organiza	ution)
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance  Des filing only apply to certain territory (territories)  ief description of filing (if filing follows rates of a	es) or certain classes? If so, specify an advisory organization, specify organiza	ution)
4. Crop Hail 5. Workers Compensation 6. Other	es) or certain classes? If so, specify an advisory organization, specify organiza	ution)
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance  Des filing only apply to certain territory (territories)  dief description of filing (if filing follows rates of a	es) or certain classes? If so, specify an advisory organization, specify organization eference Filing Number IL-2011-14 effective 0	ution)
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance  Des filing only apply to certain territory (territories  ief description of filing (if filing follows rates of a loption of NCCI Workers Compensation Loss Cost Research  * Adjusted to reflect all prior rate changes.	es) or certain classes? If so, specify an advisory organization, specify organization eference Filing Number IL-2011-14 effective 0	ution)
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance  Des filing only apply to certain territory (territories description of filing (if filing follows rates of a coption of NCCI Workers Compensation Loss Cost Research  * Adjusted to reflect all prior rate changes.	es) or certain classes? If so, specifyen advisory organization, specify organization eference Filing Number IL-2011-14 effective 0 will result from application of new rates.	ution)
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance  Des filing only apply to certain territory (territories  ief description of filing (if filing follows rates of a loption of NCCI Workers Compensation Loss Cost Research  * Adjusted to reflect all prior rate changes.	es) or certain classes? If so, specifyen advisory organization, specify organization eference Filing Number IL-2011-14 effective 0 will result from application of new rates.	ntion)

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

### **SUMMARY SHEET**

Change i	n Company's p	remium or rate	e level produc	ed by rate revision
effective_	March 1, 2012		·	•

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volumo (minois)	- Change (101)
••	Passenger		
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
·. 5.	Glass		
3. 3.	Fidelity	# <del></del>	
7.	Surety	· · · · · · · · · · · · · · · · · · ·	
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		<del></del>
13.	Commercial Multi-Peril		
14.	Crop Hail		4 <del></del>
15.	Other Worker's Compensation	2,819,083	3.7%
	Life of Insurance		
•	Does filing only apply to certain Classes? If so, specify:	in territory (territories) or	certain
	Drief deposition of films (If fi	line fallows rates of an a	duine .
	Brief description of filing. (If fi Organization, specify	ling follows rates of an a	avisory
	organization):	Adoption of NCCI's Volunta	ry Advisory Rates, Loss Costs and Rating
	Values per IL-2011-11, IL-2011-13 and II		, takes, takes, assessed and taking
	*Adjusted to reflect all prior ra **Change in Company's prem rates.		It from application of new
	14(03.	National Surety Co	prporation
			me of Company

William Paukovitz, SR VP/Chief Compliance Officer
Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2012 (3) (2) (1) **Percent Annual Premium** Volume (Illinois)\* Change (+ or -)\*\* Coverage **Automobile Liability Private Passenger Commercial** 2. Automobile Physical Damage **Private Passenger Commercial** 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation \$2,987,142 -4.1%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss cost circular IL-2011-14 and revising LCMs.

Line of Insurance

Nationwide Agribusiness Insurance Company

Name of Company

Vice President - Underwriting

Official - Title

Tom fyr\_



JUN 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate le	evel produced by rate revision effective	04/01/2012
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	voiume (inmois)	Change (1 Or 1
Automobile Liability Private     Passenger Commercial		
2. Automobile Physical Damage		
Liability Other Than Auto		
Burglary and Theft	and the second s	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$13,936,035	+12.7%
Line of Insurance		
Brief description of filing. (If filing follows	territories) or certain classes? If so, specify:_ rates of an advisory organization, specify orgets and revising Loss Cost Multiplier.	anization):
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	rhich will result from application of new rates.  The Netherla	nds Insurance Company
	N	ame of Company
	a which	<b>j</b>
	Eric Neely	
	Senior Vice President, Produ	ct Management and Underwriting
	***************************************	Official – Title

1.

2.

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

#### IL Department Of Insurance FORM (RF-3) SUMMARY SHEET

|  | (2)   | (3)<br>Percent  |
|--|---|---|
|  | Annual Premium  | Change (+ or -) **  |
| Coverage   | Volume (Illinois) *   | Change (+ or -)   |
| Automobile Liability   |   |   |
| Private Passenger  |   |   |
| Commercial   |   |   |
| Automobile Physical Damage   |   | ·   |
| Private Passenger  |   |   |
| Commercial   |   |   |
| Liability Other Than Auto  |   |   |
| Burglary and Theft   |   |   |
| Glass  |   |   |
| Fidelity   |   |   |
| Surety   |   |   |
| Boiler and Machinery   |   |   |
| Fire   |   |   |
| Extended Coverage  |   |   |
| Inland Marine  |   |   |
| Homeowners   |   |   |
| Commercial Multi-Peril   |   |   |
| Crop Hail  |   |   |
| Other Workers Compensation   | \$4,809,395   | 0.4%  |
| Line of Insurance  | <u> </u>  |   |
| ses? If so, specify: No  |   |   |
|  |   |   |
| description of filing. (If filing follows rate   | s of an advisory  | 12 valuntary long contactor now   |
| f description of filing. (If filing follows rate   | adoping the NCCI approval 1/1/20  | 12 voluntary loss costs, for new  |
| f description of filing. (If filing follows rate   | s of an advisory<br>adoping the NCCI approval 1/1/20<br>lewal policies. | 12 voluntary loss costs, for new  |
| description of filing. (If filing follows rate nization, specify organization): We are   | adoping the NCCI approval 1/1/20  | 12 voluntary loss costs, for new  |
| description of filing. (If filing follows rate nization, specify organization): We are   | adoping the NCCI approval 1/1/20  |   |
| f description of filing. (If filing follows rate nization, specify organization):  We are and ren  | adoping the NCCI approval 1/1/20  | 12 voluntary loss costs, for new  APR 0 1 2012  |
| f description of filing. (If filing follows rate nization, specify organization):  We are and ren  Adjusted to reflect all prior rate changes.   | adoping the NCCI approval 1/1/20 lewal policies.                        | APR 0 1 2012  |
| Adjusted to reflect all prior rate changes.  Change in Company's premium level which   | adoping the NCCI approval 1/1/20 lewal policies.                        | APR 0 1 2012  |
| Adjusted to reflect all prior rate changes.  Change in Company's premium level which   | adoping the NCCI approval 1/1/20 lewal policies.                        | APR 0 1 2012  STATE OF ILLINOIS  DEPARTMENT OF INSUE  |
| Adjusted to reflect all prior rate changes.  Change in Company's premium level which   | adoping the NCCI approval 1/1/20 lewal policies.                        | APR 0 1 2012  STATE OF ILLINOIS  DEPARTMENT OF INSUR  |
| f description of filing. (If filing follows rate nization, specify organization):  We are and ren  Adjusted to reflect all prior rate changes. Change in Company's premium level whice | adoping the NCCI approval 1/1/20 ewal policies.                         | APR 0 1 2012  STATE OF ILLINOIS  DEPARTMENT OF INSUR  |
| Adjusted to reflect all prior rate changes.  Change in Company's premium level which result from application of new rates.   | adoping the NCCI approval 1/1/20 ewal policies.                         | APR 0 1 2012  STATE OF ILLINOIS  DEPARTMENT OF INSUR  SPRINGFIELD, ILLINOI                                |
| Adjusted to reflect all prior rate changes.  Change in Company's premium level which result from application of new rates.   | adoping the NCCI approval 1/1/20 ewal policies.                         | APR 0 1 2012  STATE OF ILLINOIS  DEPARTMENT OF INSUR  SPRINGFIELD, ILLINOI  Northern Ins. Co. of New York |
| Adjusted to reflect all prior rate changes.  Change in Company's premium level which result from application of new rates.  APR 0 1  | adoping the NCCI approval 1/1/20 ewal policies.  ch will 2012           | APR 0 1 2012  STATE OF ILLINOIS  DEPARTMENT OF INSUR  SPRINGFIELD, ILLINOI  Northern Ins. Co. of New York |
| Adjusted to reflect all prior rate changes.  Change in Company's premium level which result from application of new rates.   | adoping the NCCI approval 1/1/20 ewal policies.  ch will 2012           | APR 0 1 2012  STATE OF ILLINOIS  DEPARTMENT OF INSUR  SPRINGFIELD, ILLINOI  Northern Ins. Co. of New York |

#### IL Department of Insurance FORM (RF-3) SUMMARY SHEET

|     | Change in Company's premium or rate le revision effective   |  |                                 |
|-----|---|--|---------------------------------|
|     | (1)   | April 1, 2012 (2)  | (3)                             |
|     | (1)   | Annual Premium   | Percent                         |
|     | Coverage_   | Volume (Illinois) *                                      | Change (+ or -) **              |
|     | Ooverage  | voidine (illinois)                                       | Change (1 of -)                 |
| 1.  | Automobile Liability  |  |                                 |
|     | Private Passenger   |  |                                 |
|     | Commercial  |  |                                 |
| 2.  | Automobile Physical Damage  |  | -                               |
|     | Private Passenger   |  |                                 |
|     | Commercial  |  |                                 |
| 3.  | Liability Other Than Auto   |  |                                 |
| 4.  | Burglary and Theft  |  |                                 |
| 5.  | Glass   |  |                                 |
| 6.  | Fidelity  |  |                                 |
| 7.  | Surety  |  |                                 |
| 8.  | Boiler and Machinery  |  |                                 |
| 9.  | Fire  |  |                                 |
| 10. | Extended Coverage   |  |                                 |
| 11. | Inland Marine   |  |                                 |
| 12. | Homeowners  |  |                                 |
| 13. | Commercial Multi-Peril  |  |                                 |
| 14. | Crop Hail   |  |                                 |
| 15. | Other Workers Compensation  | \$1,628,313  | -1.2%                           |
|     | Line of Insurance   |  |                                 |
|     |   |  |                                 |
|     | Does filing only apply to certain territory (terriclesses? If so, specify: No                           | ritories) or certain                                     |                                 |
| -   | Classes? If so, specify: No  Brief description of filing. (If filing follows rate organization): We are |  | 2 voluntary loss costs, for new |
| -   | Classes? If so, specify: No  Brief description of filing. (If filing follows rate organization): We are | es of an advisory<br>a adoping the NCCI approval 1/1/201 | 2 voluntary loss costs, for new |
| -   | Classes? If so, specify: No  Brief description of filing. (If filing follows rate organization): We are | es of an advisory<br>a adoping the NCCI approval 1/1/201 | 2 voluntary loss costs, for new |

| Assuran | ce Co. of America |   |
|---------|-------------------|---|
| Nam     | e of Company      | _ |

| Official | - | Title |
|----------|---|-------|

|                | Change in Company's premiu  | ım or rate level produced by rate      |                           |
|----------------|---|--|---------------------------|
|                | revision effective  | January 1, 2012                        |                           |
|                | (1)   | (2) Annual Premium                     | (3)<br>Percent            |
|                | <u>Coverage</u>   | Volume (Illinois)*                     | <u>Change ( + or -)**</u> |
| 1.             | Automobile Liability  |  |                           |
|                | Private Passenger   |  |                           |
|                | Commercial  |  |                           |
| 2.             | Automobile Physical Damage  |  |                           |
|                | Private Passenger   |  |                           |
|                | Commercial  |  |                           |
| 3.             | Liability Other Than Auto   |  |                           |
| 4.             | Burglary and Theft  |  |                           |
| 5.             | Glass   |  |                           |
| 6.             | Fidelity  | <del></del>                            |                           |
| 7.             | Surety  |  |                           |
| 8.             | Boiler and Machinery  |  |                           |
| 9.             | Fire  | ************************************** |                           |
| 10.            | Extended Coverage   |  |                           |
| 11.            | Inland Marine   |  |                           |
| 12.            | Homeowners  |  |                           |
| 13.            | Commercial Multi-Peril  |  |                           |
| 14.            | Crop Hail   |  |                           |
| 15.            | Other 16.0 - Workers Compensation   | on \$1,582,704                         | 3.70%                     |
|                | Line of Insurance   |  |                           |
| clas:<br>Brief | s Filing only apply to certain territory (to ses? If so, specify:  No  f description of filing. (If filing follows remization, specify organization): |  | npensation                |
| J. 94          | _   | Loss Costs Revision                    |                           |
|                | <u></u>   | 2033 00313 1(01)31011                  |                           |
|                | -   |  |                           |
|                |   |  |                           |
|                | _   |  |                           |
|                | * Adjusted to reflect all prior rate chan * Change in Company's premium leve result from application of new rates.                                    |  |                           |
|                | JAN 0 I 2012  | Nova Casua                             | ilty Company              |
|                |   |  | Company                   |
|                | 144   | , 1410 01                              | = =p.my                   |
|                | JAN 0 1 2012  |  |                           |
|                | DED STATE   |  |                           |
|                | SETMENT ILLING  | Kevin Purcell. Vi                      | ce President - IRC        |
|                | PRINGFIELD INSURA.  |  | al - Title                |
|                | STATE OF ILLINOIS SPRINGFIELD, ILLINOIS   |  |                           |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

### SUMMARY SHEET

| FI       |       | E    |  |
|----------|-------|------|--|
| BTATE OF | ) 1 . | 2012 |  |

|     | Change in Company's premiu<br>effective 01/01/2012<br>(1)                 | (2) Annual Premium   | Percent OF ILLINOIS   |
|-----|---|--|---|
|     | Coverage  | <ul><li>Volume (Illinois) *</li></ul>  | Change (+or-) **  |
| Δ   | Automobile Liability Private  | A the control of the  |   |
| F   | Passenger   | •  |   |
|     | Commercial  |  |   |
| Α   | Automobile Physical Damag   |  |   |
| F   | Private Passenger   |  | · · · · · · · · · · · · · · · · · · ·   |
| C   | Commercial  |  |   |
| L   | iability Other Than Auto  | Application of the state of the |   |
|     | Burglary and Theft  |  |   |
| G   | Slass   | The second secon |   |
| F   | idelity   | r companyo, aprocessor in complete the depth of the depth of the participation of the company of |   |
|     | Surety  | AMERICAN CONTRACTOR CO |   |
|     | Boiler and Machinery  |  |   |
|     | ire ,   |  |   |
| E   | Extended Coverage   |  |   |
|     | nland Marine  | the standard of the standard o |   |
| -   | Homeowners  |  | CONTRACTOR |
| C   | Commercial Multi-Peril  | AND COMPANY TO THE PROPERTY OF THE COMPANY OF THE PROPERTY OF  |   |
| C   | Crop Hail   | **************************************   |   |
|     | Other Workers' Compensation   | \$408,944  | 3.7%  |
|     | Life of Insurance   | Anadamana pamahanan pamahan membera sastara peper telah terdak telah tel | Managaran and a samuja a harippa and agreement production and a samuja and a samuja and a samuja and a first a  |
| (   | Does filing only apply to certa<br>Classes? If so,<br>specify: No         | ain territory (territories) o  | r certain   |
| *** |   |  |   |
|     | Brief description of filing. (If f  | iling follows rates of an a  | advisory  |
|     | Organization, specify   | Ook Piver Incurence Con  | mnany is  |
|     | organization);  | Oak River Insurance Cor  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |
|     | adopting the loss costs and miscellaneo                                   | ***************************************  |   |
|     | of Insurance, as indicated by the advisory                                | ······································   | snective 01/01/2012.  |
| ú   | 'Adjusted to reflect all prior ra<br>'*Change in Company's pren<br>rates. |  | ult from application of new   |
| 1   | at55.   | Oak River Insurar  | nce Company   |
|     |   |  | ame of Company  |
|     |   | 1 NC   | and or company  |

Keith Engelbrecht, A.C.A.S. - Actuary

# **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate le  | evel produced by rate revision effective   | 04/01/2012                                 |
|---|--|--|
| (1)   | (2)<br>Annual Premium<br>Volume (Illinois)*  | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| <u>Coverage</u>   | volume (minois)  | Change (1 Or -7                            |
| Automobile Liability Private     Passenger Commercial                             |  |  |
| Automobile Physical Damage  |  |  |
|   |  |  |
| 3. Liability Other Than Auto  |  |  |
| Burglary and Theft  |  |  |
| 5. Glass  |  |  |
| 6. Fidelity   |  |  |
| 7. Surety   |  |  |
| 8. Boiler and Machinery   |  |  |
| 9. Fire   |  |  |
| 10. Extended Coverage   |  |  |
| 11. Inland Marine   |  |  |
| 12. Homeowners  |  |  |
| 13. Commercial Multi-Peril  |  |  |
| 14. Crop Hail   |  |  |
| 15. Other Workers Compensation  | \$912,727  | +9.4%                                      |
| Line of Insurance   |  |  |
| No  | (territories) or certain classes? If so, specify:  |  |
|   | rates of an advisory organization, specify org<br>sts and revising Loss Cost Multiplier. |  |
| Adopting 1-1-12 NCC1-approved loss co   | sts and revising Loss Cost Multiplier.   |  |
|   |  |  |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | which will result from application of new rates.   |  |
|   |  | alty Insurance Company<br>Jame of Company  |
|   | IN .   | ame of Company                             |
|   | Eric Neely   | }  |
|   |  | uct Management and Underwriting            |
|   | <u> </u>   | Official – Title                           |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

# ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate le   | 04/01/2012   |   |
|--|--|---|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u>        |
| <ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> </ol> |  |   |
| <ul> <li>10. Extended Coverage</li> <li>11. Inland Marine</li> <li>12. Homeowners</li> <li>13. Commercial Multi-Peril</li> <li>14. Crop Hail</li> <li>15. Other Workers Compensation Line of Insurance</li> </ul>  | \$253,776  | +3.7%   |
| No  Brief description of filing. (If filing follows  | (territories) or certain classes? If so, specify: rates of an advisory organization, specify organization and revising Loss Cost Multiplier. | ganization):                                      |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v  | which will result from application of new rates Ohio Secu  | urity Insurance Company<br>Name of Company        |
|  | 。 <u>Eric Neely</u>  | luct Management and Underwriting Official – Title |

Change in Company's premium or rate level produced by rate

| revision effective $\frac{3/1/12}{}$   |                         | _  |
|--|-------------------------|--|
| (1)  | (2)<br>Annual Premium   | (3)<br>Percent   |
| Coverage   | Volume (Illinois)*      | <pre>Change (+ or -)**</pre>   |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage |                         |  |
|  |                         |  |
| Private Passenger Commercial   |                         |  |
| 3. Liability Other Than Auto   |                         |  |
| 4. Burglary and Theft  |                         |  |
| 5. Glass   |                         |  |
| 6. Fidelity  |                         |  |
| 7. Surety  |                         |  |
| 8. Boiler and Machinery  |                         |  |
| 9. Fire  |                         |  |
| 10. Extended Coverage  |                         |  |
| 11. Inland Marine  |                         |  |
| 12. Homeowners   |                         |  |
| 13. Commercial Multi-Peril   |                         |  |
| 14. Crop Hail  |                         |  |
| 15. Other Workers Compensation   | \$1,329,532             | +3.7%  |
| Line of Insurance  |                         |  |
| Does filing only apply to certain to If so, specify: No                            | territory (territories) | or certain classes?  |
|  |                         |  |
| Brief description of filing. (If   | filing follows rates of | an advisory  |
| organization, specify organization   |                         | CI Loss Costs IL-2011-14   |
| · · · · ·  | maintaining current     | multipliers. Our   |
|  | filing is effective     | 3/1/12   |
|  |                         | and the same of th |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

MAR 0 1 2012

STATE OF ILLINOIS OneBeacon America Insurance Company

·Name of Company

Josette D. Kiel, Chief Underwriting Officer Official - Title



#### SUMMARY SHEET

MAR 0 1 2012

| Change in Company's premi   | um or rate level produced     | STATE OF ILLINOIS                      |
|---|-------------------------------|--|
| revision effective $3/1/12$   | 2                             | SPRINGFIELD, ILLINOIS                  |
| (1)   | (2)                           | (3)                                    |
| , ,   | Annual Premium                | Percent                                |
| Coverage  | <pre>Volume (Illinois)*</pre> | <u>Change (+ or -)**</u>               |
| 1. Automobile Liability Private Passenger Commercial  |                               |  |
| 2. Automobile Physical Damage   |                               |  |
| Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril |                               |  |
| 14. Crop Hail   |                               |  |
| 15. Other Workers Compensation  | 320,089                       | 3.7%                                   |
| Does filing only apply to certai If so, specify: No   | n territory (territories)c    | r certain classes?                     |
|   |                               |  |
| Brief description of filing. (I organization, specify organizati  |                               | Loss Costs IL-2011-14 multipliers. Our |
| * Adjusted to reflect all prior  ** Change in Company's premium l  result from application of ne  | evel which will               |  |

Josette D. Kiel, Chief Underwriting Officer
Official- Title

JOSENE LICH

OneBeacon Insurance Company

Name of Company

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

|   | LINOIS SUMMARY SHEET                        | MAD                                   |        |
|---|---|---------------------------------------|--------|
|   | FORM RF-3                                   | MAR OF LLIN                           | 2012   |
| hange in Company's premium or rate level prod | uced by rate revision effective 03/01/2012  | RINGFIELD (LL)                        | Vois   |
| (1)<br>Coverage                               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3) Percent Change (+ or –)**         | UNANOE |
| Automobile Liability     Private Passenger    | Volume (minois)                             | Change ( · Ci )                       |        |
| Commercial 2. Automobile Physical Damage      |   |                                       |        |
| Private Passenger<br>Commercial               |   |                                       |        |
| 3. Liability Other than Auto                  |   |                                       |        |
| 4. Burglary and Theft                         |   |                                       |        |
| 5. Glass                                      |   |                                       |        |
| 6. Fidelity                                   | ,   |                                       |        |
| 7. Surety                                     |   |                                       |        |
| 8. Boiler and Machinery                       |   | · · · · · · · · · · · · · · · · · · · |        |
| 9. Fire                                       |   |                                       |        |
| 0. Extended Coverage                          |   |                                       |        |
| 1. Inland Marine                              |   |                                       |        |
| 2. Homeowners                                 |   |                                       |        |
| 3. Commercial Multi-Peril                     |   |                                       |        |
| 4. Crop Hail                                  |   |                                       |        |
| 15. Workers Compensation                      | \$5,735,151                                 | -5.5%                                 |        |
| ·   |   |                                       |        |
| 16. Other                                     |   |                                       |        |

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY Name of Company

John Fogleboch - WC Compliance Analyst Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective |  | vision effective 02/01/2012             |
|---|--|---|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Pre<br><u>Volume (Illi</u> |   |
| 1. Automobile Liability Priva   | ate                                      |   |
|   | nage ommercial sation 8,332,864          | 1 -7.4%                                 |
| Applies to all territories and classes.                                       |  |   |
|   | ling follows rates of arradvisory org    | · · · · · · · · · · · · · · · · · · ·   |
| *Adjusted to reflect all prior ra **Change in Company's pren                  | nium level which will result from app    |   |
|   | Pad                                      | ific Indemnity Company  Name of Company |
|   | Vice                                     | President HHA July                      |



FEB 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

# **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate level produced by rate revision effective  |  | 04/01/2012                                 |
|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| <ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> </ol> |  |  |
| <ul> <li>13. Commercial Multi-Peril</li> <li>14. Crop Hail</li> <li>15. Other <u>Workers Compensation</u> Line of Insurance</li> </ul>   | \$480,605 territories) or certain classes? If so, specify  | +12.4%<br>y:                               |
| *Adjusted to reflect all prior rate changes  | rates of an advisory organization, specify of the sand revising Loss Cost Multiplier.  hich will result from application of new rate |  |
| Change in Company 3 premium level w  | Peerless In  | demnity Insurance Company Name of Company  |

# **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate le   | 04/01/2012   |  |
|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                                       | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| <ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> </ol> |  |  |
| <ul> <li>12. Homeowners</li> <li>13. Commercial Multi-Peril</li> <li>14. Crop Hail</li> <li>15. Other Workers Compensation  Line of Insurance</li> </ul> Does filing only apply to certain territory   | \$4,240,974  (territories) or certain classes? If so, specify:                           | +9.2%                                      |
| No  Brief description of filing. (If filing follows Adopting 1-1-12 NCCI-approved loss co  | rates of an advisory organization, specify org<br>sts and revising Loss Cost Multiplier. | ganization):                               |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v  | vhich will result from application of new rates.   | s Insurance Company                        |
|  | Eric Neely   | lame of Company                            |
|  |  |  |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective April 1, 2012 New & Renewal.

|   | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois) *   | (3) Percent Change (+or-) **   |
|---|---|--|--|
|   | Automobile Liability Private  | voiding (illinois)                             | Charge (101-)  |
|   | Passenger   |  |  |
|   | Commercial  |  | The second secon |
|   | Automobile Physical Damag   |  |  |
|   | Private Passenger   |  | •  |
|   | Commercial  |  |  |
|   | Liability Other Than Auto   |  |  |
|   | Burglary and Theft  |  | And the second s |
|   | Glass   |  |  |
|   | Fidelity  |  |  |
|   | Surety  |  |  |
|   |   | <del></del>                                    |  |
|   | Boiler and Machinery Fire   |  |  |
|   |   |  | was a superior of the superior |
|   | Extended Coverage   | <del></del>                                    |  |
|   | Inland Marine   |  |  |
|   | Homeowners  |  |  |
|   | Commercial Multi-Peril  |  |  |
|   | Crop Hail   |  |  |
|   | Other Workers Compensation  | 2,579,628                                      | +3.3%  |
|   | Life of Insurance   |  |  |
|   | Does filing only apply to certa Classes? If so, specify:  No, the f | in territory (territories) or                  |  |
|   | Brief description of filing. (If fi                                 | ling follows rates of an a                     | advisory   |
|   | Organization, specify   | يتراكب المستمالة والمستروس والمستروس والمستروا | v <del></del>  |
|   | organization):  | Adoption of NCCI loss co                       | sts referenced in NCCI Circular  |
|   | IL-2011-14, approved to be effective Jan                            | uary 1, 2012.                                  |  |
|   |   |  |  |
|   | *Adjusted to reflect all prior ra  **Change in Company's premates.  | •  | ılt from application of new  |
| _ | - POLOGI -  | Penn Millers Insur                             | ance Company   |
|   |   | Na   | me of Company  |
|   |   |  | ess Report Specialist  |

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

| Change in Company's premium or rate level produ   | April 1, 2012                            |  |
|---|--|--|
| (1)<br>Coverage   | (2) Annual Premium                       | (3) Percent Change (+ or -)**                      |
| 4. Assistant ability to be to | Volume (Illinois)*                       | Change (+ or –)**                                  |
| 1. Automobile Liability   |  |  |
| Private Passenger   |  |  |
| Commercial  |  |  |
| Automobile Physical Damage     Private Passenger  |  |  |
| Commercial  |  |  |
| 3. Liability Other than Auto  |  |  |
| 4. Burglary and Theft   |  |  |
| 5. Glass  |  |  |
| 6. Fidelity   |  |  |
|   |  |  |
| 7. Surety   |  |  |
| 8. Boiler and Machinery 9. Fire   |  |  |
|   |  |  |
| 10. Extended Coverage 11. Inland Marine   |  |  |
| 12. Homeowners  |  |  |
| 13. Commercial Multi-Peril  |  |  |
| 13. Commercial Multi-Peril<br>14. Crop Hail   |  |  |
|   | 13,024,695                               | +3.7%  |
| 15. Workers Compensation<br>16. Other   | 13,024,093                               |  |
| Line of Insurance   |  |  |
| Does filing only apply to certain territory (territories  | e) or certain classes? If so, specify    | <u>No</u>  |
| Brief description of filing (if filing follows rates of an At this time, the Pennsylvania Man 1642962) files to adopt the loss against our approved 1.540 LCM.  | nufacturers' Association Ins             | surance Company (FEIN #23                          |
| <ul> <li>* Adjusted to reflect all prior rate changes.</li> <li>** Change in Company's premium level which will</li> </ul>  | Il result from application of new rates. |  |
|   |  | ylvania Manufacturers'<br>iation Insurance Company |
|   |  | Name of Company                                    |
|   | Linda F                                  | R. Greer- Associate Product Specialis              |
|   | Official                                 | — Title  |

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

| Change in Company's premium or rate level produced by rate   | <b>April 1, 2012</b>                 |   |          |
|--|--------------------------------------|---|----------|
| (1)  | (2)                                  | (3)                                       |          |
| Coverage   | Annual Premium<br>Volume (Illinois)* | Percent<br>Change (+ or –)**              |          |
| 1. Automobile Liability  | volunto (illinoto)                   | change ( or )                             |          |
| Private Passenger  |                                      |   |          |
| Commercial   |                                      | _   |          |
| Automobile Physical Damage   |                                      |   |          |
| Private Passenger  |                                      |   |          |
| Commercial   |                                      |   |          |
| 3. Liability Other than Auto   |                                      |   |          |
| 4. Burglary and Theft  |                                      |   |          |
| 5. Glass   |                                      |   |          |
| 6. Fidelity  |                                      |   |          |
| 7. Surety  |                                      |   |          |
| 8. Boiler and Machinery  |                                      |   |          |
| 9. Fire  |                                      |   |          |
| 10. Extended Coverage  |                                      |   |          |
| 11. Inland Marine  |                                      |   |          |
| 12. Homeowners   | <del>.</del>                         |   |          |
| 13. Commercial Multi-Peril   |                                      |   |          |
| 14. Crop Hail  |                                      |   |          |
| 15. Workers Compensation   | 1,010,043                            | +3.7%                                     |          |
| 16. Other  |                                      |   |          |
| Line of Insurance  |                                      |   |          |
| Does filing only apply to certain territory (territories) or certain  Brief description of filing (if filing follows rates of an advisory of the time, the Pennsylvania Manufact files to adopt the loss costs approved in | organization, specify organization   | Company (FEIN #23-221793                  |          |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from  | application of new rates.            |   | -        |
|  |                                      | nsylvania Manufacturers Indemnit<br>apany | <b>y</b> |
|  |                                      | Name of Company                           |          |
|  | Linda                                | a R. Greer- Associate Product Special     | ist      |
|  | Offici                               | al — Title                                |          |

Change in Company's premium or rate level produced by rate revision effective April 1, 2012

|       | (1)<br><u>Coverage</u> |                                     | (2)  | (3)                       |  |
|-------|------------------------|-------------------------------------|--|---------------------------|--|
|       |                        |                                     | Annual Premium <u>Volume (Illinois)*</u>         | Percent Change (+ or -)** |  |
| 1.    | Automob                | ile Liability                       |  |                           |  |
|       | Private P              | assenger                            |  |                           |  |
|       | Commerc                | cial                                |  |                           |  |
| 2.    |                        | ile Physical Damage                 |  |                           |  |
|       | Private P              | assenger                            |  |                           |  |
|       | Commerc                |                                     |  |                           |  |
| 3.    | -                      | Other Than Auto                     |  |                           |  |
| 4.    | Burglary               | and Theft                           |  |                           |  |
| 5.    | Glass                  |                                     |  |                           |  |
| 6.    | Fidelity               |                                     |  |                           |  |
| 7.    | Surety                 |                                     |  |                           |  |
| 8.    |                        | d Machinery                         |  |                           |  |
| 9.    | Fire                   |                                     |  |                           |  |
| 10.   | Extended               | l Coverage                          |  |                           |  |
| 11.   | Inland Ma              | arine                               |  |                           |  |
| 12.   | Homeow                 | ners                                |  |                           |  |
| 13.   |                        | cial Multi-Peril                    |  |                           |  |
| 14.   | Crop Hail              |                                     |  |                           |  |
| 15.   | Other                  | Workers Comp                        | 30,000 (2010)                                    | +6.3                      |  |
|       |                        | Line of Insurance                   |  |                           |  |
| Does  | filing only ap         | ply to certain territory (territo   | ories) or certain classes? If so, specify:       |                           |  |
| No    |                        |                                     |  |                           |  |
|       |                        |                                     |  | <del>-</del>              |  |
| Drinf | description o          | f filing / (If filing follows rates | s of an advisory organization, specify organizat | ion):                     |  |
|       |                        |                                     | L-2011-14) and change LCM, to be effective       |                           |  |
| Auop  | 110011055              | Costs (Approval Circular)           | E-2011-14/ and change Low, to be elective        | T-1-12.                   |  |
|       |                        |                                     |  |                           |  |

- Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



APR 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS
Pioneer Specialty Insurance Company

Name of Company

Patrick Hyland, ACAS - Actuary

# ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate level produced by rate revision effective  |  | 1/1/2012   |  |
|--|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)</u> *  | (3)<br>Percent<br><u>Change (+ or -)**</u>                   |  |
| Automobile Liability Private  Passanger Commercial                             |  |  |  |
| Passenger Commercial 2. Automobile Physical Damage                             |  |  |  |
| Private Passenger Commercial   |  |  |  |
| 3. Liability Other Than Auto   |  |  |  |
| 4. Burglary and Theft  |  |  |  |
| 5. Glass   |  |  |  |
| 6. Fidelity  |  |  |  |
| 7. Surety  |  |  |  |
| 8. Boiler and Machinery  |  |  |  |
| 9. Fire  |  |  |  |
| 10. Extended Coverage  |  |  |  |
| 11. Inland Marine  |  |  |  |
| 12. Homeowners   |  |  |  |
| 13. Commercial Multi-Peril   |  |  |  |
| 14. Crop Hail  | \$138,839  | 11.55%   |  |
| 15. Other Workers Compensation Line of Insurance                               | Ψ130,039   | 11.5576  |  |
| Does filing only apply to certain territory                                    | (territories) or certain classes? If so, specify   | <i>y</i> :   |  |
| Brief description of filing. (If filing follows                                | s rates of an advisory organization, specify o<br>the underlying rating factors, schedule rating | organization): <u>Adoption of the 1/1/2012</u><br>plan, etc. |  |
| *Adjusted to reflect all prior rate change **Change in Company's premium level | es.<br>which will result from application of new rate  | s.   |  |
|  | Plaza  | a Insurance Company  |  |
|  |  | Name of Company  |  |
|  | Wendy J Book - W   | C Mgr Corp Compliance & UW Serv                              |  |
|  |  | Official – Title   |  |

Effative Filing Date: 4-1-12 198120132

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

|       |            | (1)<br>Coverage                         | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)*      |
|-------|------------|---|---|---|
|       |            | Coverage                                | Volume (minors)                             | Onlange (1 or -)                        |
| 1.    | Automol    | bile Liability Private                  |   |   |
|       |            | ger Commercial                          |   |   |
| 2.    | Automo     | bile Physical Damage                    | -   |   |
|       |            | Passenger Commercial                    |   |   |
| 3.    |            | Other Than Auto                         |   |   |
| 4.    | Burglary   | and Theft                               |   |   |
| 5.    | Glass      |   |   |   |
| 6.    | Fidelity   |   |   |   |
| 7.    | Surety     |   |   |   |
| 8.    | Boiler a   | nd Machinery                            |   |   |
| 9.    | Fire       | •                                       | •   | *************************************** |
| 10.   | Extende    | d Coverage                              |   |   |
| 11.   | Inland M   | larine                                  |   |   |
| 12.   | Homeov     | vners                                   |   |   |
| 13.   | Comme      | rcial Multi-Peril                       |   |   |
| 14.   | Crop Ha    | il                                      |   |   |
| 15.   | Other      | Workers' Compensation Line of Insurance | 57,667                                      | 8.0%                                    |
|       |            |   |   |   |
|       | _          | only apply to certain territory (       | (territories) or certain c                  |   |
| If so | , specify: |   |   | No                                      |
|       |            |   |   |   |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Property and Casualty Insurance Company of Hartford will deviate 5% from the group rates. including a loading for our own expenses with an expense multiplier of 1.689.

\* Adjusted to reflect all prior rate changes.

Property and Casualty Insurance Company of Hartford
Name of Company
Thomas McDermott
Assistant Director
Official-Title

<sup>\*\*</sup> Change in the company's premium level which will result from application of new rates.

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

| Change in Company's pre | emium or rate leve | produced by rate revisi | on |
|-------------------------|--------------------|-------------------------|----|
| effective 01/01/2012    | •                  |                         |    |

| -   | (1)  | (2)<br>Annual Premium         | (3)<br>Percent                 |
|-----|--|-------------------------------|--------------------------------|
|     | Coverage   | Volume (Illinois) *           | Change (+or-) **               |
| 1.  | Automobile Liability Private   |                               |                                |
|     | Passenger  |                               |                                |
|     | Commercial   |                               |                                |
| 2   | Automobile Physical Damag  |                               | _                              |
|     | Private Passenger  |                               |                                |
|     | Commercial   |                               |                                |
| 3.  | Liability Other Than Auto  |                               |                                |
| 4.  | Burglary and Theft   |                               |                                |
| 5.  | Glass  |                               |                                |
| 3.  | Fidelity   |                               |                                |
| 7.  | Surety   |                               |                                |
| 3.  | Boiler and Machinery   |                               |                                |
| €.  | Fire   |                               |                                |
| 10. | Extended Coverage  |                               |                                |
| 11. | Inland Marine  |                               |                                |
| 12. | Homeowners   |                               |                                |
| 13. | Commercial Multi-Peril   |                               |                                |
| 14. | Crop Hail  |                               |                                |
| 15. | Other Workers' Compensation  | \$9,838,903                   | 7.95%                          |
|     | Life of Insurance  |                               |                                |
| •   |  |                               |                                |
|     | Does filing only apply to certa                                      | in territory (territories) or | certain                        |
|     | Classes? If so,  |                               |                                |
|     | specify:   |                               |                                |
|     | Brief description of filing. (If f Organization, specify             | •                             | -                              |
|     | organization):   |                               | Company is a member of NCCI.   |
|     | We wish to adopt the approved ad                                     | visory rates referenced in NC | CI Circular IL-2011-14 without |
|     | Change.  |                               |                                |
|     | *Adjusted to reflect all prior ra<br>**Change in Company's premates. |                               | It from application of new     |
| -   |  | Protective Insuran            | ce Company                     |
|     |  |                               | me of Company                  |
|     |  | Renee Smith - Cor             |                                |
|     |  |                               | Official – Title               |



Change in Company's premium or rate level produced by rate 0 1 2012 revision effective 6/1/2012 (2) (1) Annual Premium Volume (Illinois) \* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 629,204 +4.2% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing we are adopting the 1/1/12rate revision set forth in NCCI Circular IL-2011-14 with no change to our current deviations. \* Adjusted to reflect all prior rate changes. \*\* Change in Company's premium level which will result from application of new rates. Republic-Franklin Insurance Company Name of Company Juny Houseway - Assistant Vice President & Managing Actuary

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

### **SUMMARY SHEET**

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 04/01/2012              |                                    |

| -          | (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) *  | (3) Percent Change (+or-) **     |
|------------|--|---|----------------------------------|
| 1.         | Automobile Liability Private                                 | · · · · · · · · · · · · · · · · · · ·   |                                  |
|            | Passenger  |   |                                  |
|            | Commercial   |   |                                  |
| 2          | Automobile Physical Damag                                    |   | _                                |
|            | Private Passenger  | · · · · · · · · · · · · · · · · · · ·   |                                  |
| ,          | Commercial   |   |                                  |
| 3.         | Liability Other Than Auto                                    |   |                                  |
| <b>1</b> . | Burglary and Theft   |   |                                  |
| 5.         | Glass  |   |                                  |
| 3.         | Fidelity   |   |                                  |
| 7.<br>S    | Surety   |   |                                  |
| 3.         | Boiler and Machinery   |   |                                  |
| ∄.<br>! ∩  | Fire   |   |                                  |
| 0.         | Extended Coverage  |   |                                  |
| 11.        | Inland Marine  |   |                                  |
| 2.         | Homeowners   |   |                                  |
| 13.        | Commercial Multi-Peril                                       |   |                                  |
| 14.        | Crop Hail  | 0.707.574   |                                  |
| 15.        | Other Worker's Compensation  Life of Insurance               | 8,707,571   | -2.1                             |
|            | Life of insurance  |   |                                  |
| •          | Does filing only apply to certa Classes? If so, specify: No  | ain territory (territories) or  | certain                          |
|            |  | tage of the state |                                  |
|            | Brief description of filing. (If f                           | iling follows rates of an a   | dvisory                          |
|            | Organization, specify  |   |                                  |
|            | organization):   | Adopting NCCI Adviso  | ry Rates and Misc Values per     |
|            | Circular IL-2011-14.   | ·   |                                  |
|            |  |   |                                  |
|            | *Adjusted to reflect all prior ra **Change in Company's pren |   | It from application of new       |
|            | rates.   | SECLIBA Inquirance  | e, A Mutual Company              |
|            |  |   | me of Company                    |
|            |  |   | ice President & General Counsel  |
|            |  | Daniel I ellis - V  | iss i resident a Seneral Courise |

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



### SUMMARY SHEET

| (1)   | (2)                              | DEPARTMENT OF INCL<br>SPRINGFIELD, ILLIN<br>(3) |
|---|----------------------------------|---|
|   | Annual Premium                   | Percent   |
| Coverage  | - Volume (Illinois) *            | Change (+or-) **                                |
| Automobile Liability Private                                |                                  |   |
| Passenger   |                                  |   |
| Commercial  |                                  |   |
| Automobile Physical Dama                                    | g                                |   |
| Private Passenger   | _                                |   |
| Commercial  |                                  |   |
| Liability Other Than Auto                                   |                                  |   |
| Burglary and Theft  |                                  |   |
| Glass   |                                  |   |
| Fidelity  | _                                |   |
| Surety  |                                  |   |
| Boiler and Machinery  |                                  |   |
| Fire  |                                  |   |
| Extended Coverage   |                                  |   |
| Inland Marine   |                                  |   |
| Homeowners  | <del></del>                      |   |
| Commercial Multi-Peril                                      |                                  |   |
| Crop Hail   |                                  |   |
| Other Workers' Compensation                                 | 1292660                          | 3.7%  |
| Life of Insurance   | 1232000                          | 3.7 70  |
| Life of madranee  |                                  |   |
| Does filing only apply to ce                                | rtain territory (territories) or | certain   |
| Classes? If so,   |                                  |   |
| specify: N/A  |                                  |   |
|   |                                  |   |
| Brief description of filing. (                              | If filing follows rates of an a  | dvisory   |
| Organization, specify                                       |                                  |   |
| organization):  | Adoption of NCCI rate refe       | erenced in IL-2011-11 on 2/1/2012               |
|   |                                  |   |
| *A divisted to reflect all prior                            | rate changes                     |   |
| *Adjusted to reflect all prior<br>**Change in Company's pro |                                  | It from application of now                      |
| rates.  | emiam level which will lesa      | it nom application of new                       |
|   | Security National I              | nsurance Company                                |
|   |                                  | me of Company                                   |
|   |                                  | es Shoenfelt, ACAS                              |
|   | Capititica by, batti             |   |

| (        | Change in                             | Company's premium or rate                              | level produced by rate revision effe  | ective 4/1/2012  |
|----------|---------------------------------------|--|---------------------------------------|--|
|          |                                       | (1)  | (2)<br>Annual Premium                 | (3)<br>Percent   |
|          |                                       | Coverage   | Volume (Illinois)*                    | <u>Change (+ or -)**</u>   |
| 1.       | Automo                                | bbile Liability  |                                       |  |
| 1.       |                                       | e Passenger  |                                       |  |
|          | Comm                                  | _  |                                       |  |
| 2.       |                                       | obile Physical Damage                                  |                                       |  |
| ٤.       |                                       | e Passenger  |                                       |  |
|          | Comm                                  | -  |                                       |  |
| 3.       |                                       | y Other Than Auto                                      |                                       |  |
| 4.       |                                       | y and Theft  |                                       |  |
| 5.       | Glass                                 | y and Their  |                                       |  |
| 6.       | Fidelity                              |  |                                       |  |
| 7.       | Surety                                |  |                                       |  |
| 8.       |                                       | and Machinery  |                                       |  |
| 9.       | Fire                                  | ind Wideminery   |                                       |  |
| 9.<br>0. |                                       | ed Coverage  |                                       |  |
| 1.       | Inland I                              |  |                                       |  |
| 2.       | Homeo                                 |  |                                       |  |
| 2.<br>3. |                                       | ercial Multi-Peril                                     |                                       |  |
| 3.<br>4. | Crop H                                |  |                                       |  |
|          | •                                     |  | F F00 00F                             | +10.3%   |
| 15.      | Other                                 | Workers Compensation Line of Insurance                 | 5,508,895                             | 110.370  |
|          |                                       |  | rates of an advisory organization, sp | pecify organization):  |
|          | · · · · · · · · · · · · · · · · · · · |  |                                       |  |
|          |                                       | 0 11 1   |                                       | APR 0 1 2012   |
|          |                                       | reflect all prior rate changes                         |                                       |  |
|          |                                       | Company's premium level what application of new rates. | nich will                             | STATE OF ILLINOIS<br>DEPARTMENT OF INSURANC<br>SPRINGFIELD, ILLINOIS |
|          |                                       |  |                                       | Selective Insurance Company of America                               |
|          |                                       |  | . <u> </u>                            | Name of Company  |
|          |                                       |  |                                       | Jun Fang – Senior Actuarial<br>Analyst                               |
|          |                                       |  | -                                     | Official - Title   |

| (            | Change in Company's premium or rate   | level produced by rate revision effect  | ive <u>4/1/2012</u>   |
|--------------|---|---|---|
|              | (1)   | (2)                                     | (3)   |
|              | Coverage  | Annual Premium Volume (Illinois)*       | Percent Change (+ or -)**   |
| 1.           | Automobile Liability Private Passenger  |   |   |
|              | Commercial  |   |   |
| 2.           | Automobile Physical Damage<br>Private Passenger<br>Commercial                   |   |   |
| 2            |   |   |   |
| 3.           | Liability Other Than Auto   |   |   |
| 4.           | Burglary and Theft  |   |   |
| 5.           | Glass   |   |   |
| 6.           | Fidelity  |   |   |
| 7.           | Surety  |   |   |
| 8.           | Boiler and Machinery  |   |   |
| 9.           | Fire  |   |   |
| 10.          | Extended Coverage   |   |   |
| 11.          | Inland Marine   |   |   |
| 12.          | Homeowners  |   |   |
| 13.          | Commercial Multi-Peril  |   |   |
| 14.          | Crop Hail   | 42.742.522                              | +9.4%   |
| 15.          | Other Workers Compensation  | 12,713,533                              | T9.470  |
|              | Line of Insurance   |   |   |
| Does 1<br>No | filing only apply to certain territory (ter                                     |   | eify:   |
| 110          |   |   |   |
| Brief (      | description of filing. (If filing follows are adopting NCCI circular IL-2011-14 | rates of an advisory organization, spec | cify organization):   |
|              |   |   | APR 0 1 2012  |
| * A          | djusted to reflect all prior rate changes                                       |   |   |
| ** C         | hange in Company's premium level whealt from application of new rates.          | ich will                                | State of Illinois<br>Department of Inburance<br>Springfield, Illinois |
|              |   |   | elective Insurance Company of outh Carolina                           |
|              |   |   | - Name of Company   |
|              |   |   | n Fang – Senior Actuarial<br>nalyst                                   |
|              |   |   | Official - Title  |

|               | (1)  | (2)<br>Annual Premium                | (3)<br>Percent   |
|---------------|--|--------------------------------------|--|
|               | Coverage   | Volume (Illinois)*                   | <u>Change (+ or -)**</u>   |
| 1.            | Automobile Liability   |                                      |  |
|               | Private Passenger  |                                      |  |
|               | Commercial   |                                      |  |
| 2.            | Automobile Physical Damage   |                                      |  |
|               | Private Passenger  |                                      |  |
|               | Commercial   |                                      |  |
| 3.            | Liability Other Than Auto  |                                      |  |
| 4.            | Burglary and Theft   |                                      |  |
| 5.            | Glass  |                                      |  |
| 6.            | Fidelity   |                                      |  |
| 7.            | Surety   |                                      |  |
| 8.            | Boiler and Machinery   |                                      |  |
| 9.            | Fire   |                                      |  |
| 10.           | Extended Coverage  |                                      | ,  |
| 11.           | Inland Marine  |                                      |  |
| 12.           | Homeowners   |                                      |  |
| 13.           | Commercial Multi-Peril   |                                      |  |
| 14.           | Crop Hail  |                                      |  |
| 15.           | Other Workers Compensation   | 4,761,073                            | +8.4%  |
|               | Line of Insurance  |                                      |  |
| No<br>Brief o | description of filing. (If filing follows are adopting NCCI circular IL-2011-1 | rates of an advisory organization, s | pecify organization).  |
| we            | are adopting NCCI circular 12-2011-1   | 4                                    | The state of the s |
|               |  |                                      | APR 0 1 2012   |
| * A           | djusted to reflect all prior rate changes                                      |                                      |  |
| ** C          | hange in Company's premium level wh<br>sult from application of new rates.     |                                      | State of Illinois<br>Department of Insurance<br>Springfield, Illinois  |
|               |  |                                      | Salastiva Ingurana Campany of  |
|               |  |                                      | Selective Insurance Company of the Southeast   |
|               |  | = = = = = = =                        | Name of Company  |
|               |  |                                      | Jun Fang – Senior Actuarial<br>Analyst   |
|               |  | •                                    | Official - Title   |

|     | Change in Company's premium or revision effective Janu   | rate level produced by rate ary 1, 2012            |   |
|-----|--|--|---|
|     | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change(+ or -)**</u>                       |
| 1.  | Automobile Liability Private Passenger   |  |   |
|     | Commercial   |  |   |
| 2.  | Automobile Physical Damage   |  |   |
|     | Private Passenger  |  |   |
|     | Commercial   |  |   |
| 3.  | Liability Other Than Auto  |  |   |
| 4.  | Burglary and Theft   |  |   |
| 5.  | Glass  |  |   |
| 6.  | Fidelity   |  |   |
| 7.  | Surety   |  |   |
| 8.  | Boiler and Machinery   |  |   |
| 9.  | Fire   |  |   |
| 10. | Extended Coverage  |  |   |
| 11. | Inland Marine  |  |   |
| 12. | Homeowners   |  |   |
| 13. | Commercial Multi-Peril   |  |   |
| 14. | Crop Hail  |  |   |
| 15. | Other 16.0 - Workers Compensation  | \$1,281  | 3.7%  |
|     | Line of Insurance  |  |   |
|     | s Filing only apply to certain territory (territo ses? If so, specify: <b>No</b>   | ries) or certain                                   | JAN 0 1 2012  |
|     |  |  | STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS |
|     | f description of filing. (If filing follows rates anization, specify organization):  Work                                      | of an advisory<br>kers Compensation Loss C         | osts Adoption Filing  |
| •   | * Adjusted to reflect all prior rate changes.  * Change in Company's premium level white result from application of new rates. | ch will  |   |
|     |  | Seneca Ins   | urance Company  |
|     |  |  | of Company  |
|     |  |  | Vice President - IRC  |
|     |  | Offi   | cial - Title  |

Filing Date:

4-1-12- 111

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

|       | (1)   | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)*' |
|-------|---|---|-------------------------------------|
| 4     | Automobile Liebille Deirote                   |   |                                     |
| 1.    | Automobile Liability Private                  |   |                                     |
| ^     | Passenger Commercial                          |   |                                     |
| 2.    | Automobile Physical Damage                    |   |                                     |
| _     | Private Passenger Commercial                  |   |                                     |
| 3.    | Liability Other Than Auto                     |   |                                     |
| 4.    | Burglary and Theft                            |   |                                     |
| 5.    | Glass   |   |                                     |
| 6.    | Fidelity                                      |   |                                     |
| 7.    | Surety  |   |                                     |
| 8.    | Boiler and Machinery                          |   |                                     |
| 9.    | Fire  |   |                                     |
| 10.   | Extended Coverage                             |   |                                     |
| 11.   | Inland Marine                                 |   |                                     |
| 12.   | Homeowners                                    |   |                                     |
| 13.   | Commercial Multi-Peril                        |   |                                     |
| 14.   | Crop Hail                                     |   |                                     |
| 15.   | Other Workers' Compensation                   | 16,218,658                                  | 8.8%                                |
|       | Line of Insurance                             |   |                                     |
| Does  | s this filing only apply to certain territory | / (territories) or certain o                |                                     |
| If so | , specify:                                    |   | No                                  |
|       |   |   |                                     |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Sentinel Insurance Company, Ltd. will deviate -25% from the group rates. including a loading for our own expenses with an expense multiplier of 1.207.

\* Adjusted to reflect all prior rate changes.

\*\* Change in the company's premium level which will result from application of new rates.

Sentinel Insurance Company, Ltd.
Name of Company
Thomas McDermott
Assistant Director
Official-Title

OEPASTATE OF 12012
SPRINGFIED INSUSANCE

3. 4. 5. 6. 7. 8. 9.

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

#### **SUMMARY SHEET**

| (1)  | (2)<br>Annual Premium            | (3)<br>Percent           |
|--|----------------------------------|--------------------------|
| Coverage   | - Volume (Illinois) *            | Change (+or-) **         |
| Automobile Liability Private                             |                                  |                          |
| Passenger  |                                  | <u></u>                  |
| Commercial   |                                  |                          |
| Automobile Physical Dama                                 | 9                                |                          |
| Private Passenger  |                                  |                          |
| Commercial   |                                  |                          |
| Liability Other Than Auto                                |                                  |                          |
| Burglary and Theft                                       |                                  |                          |
| Glass  |                                  |                          |
| Fidelity   |                                  |                          |
| Surety   |                                  |                          |
| Boiler and Machinery                                     |                                  |                          |
| Fire   |                                  |                          |
| Extended Coverage  |                                  |                          |
| Inland Marine  | <del></del>                      | ····                     |
| Homeowners   |                                  |                          |
| Commercial Multi-Peril                                   |                                  |                          |
| Crop Hail Other Workers Compensation                     | 0.000.070                        | 0.00/                    |
| Life of Insurance  | 3,966,676                        | 0.0%                     |
| Does filing only apply to ce Classes? If so, specify: No | rtain territory (territories) or | certain                  |
|  |                                  |                          |
| Brief description of filing. (                           | If filing follows rates of an ac | dvisory                  |
| Organization, specify                                    |                                  |                          |
| organization):   | Adoption of NCCI advisory        | rates effective 1/1/2012 |

'Adjusted to reflect all prior rate changes.

Sentry Casualty Company

Name of Company Janel Danczyk, Compliance/Development Sr Analyst

<sup>\*\*</sup>Change in Company's premium level which will result from application of new

Change in Company's premium or rate level produced by rate revision effective 4/1/2012 (1) (2) (3) Annual Premium Percent Volume (Illinois) \* Change (+ or -) \*\* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 14,273,390 +10.0% Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI Adopt 1-1-2012 Advisory Rates with class deviations and a flat deviation as listed on the attachment. \* Adjusted to reflect all prior rate changes. \*\* Change in Company's premium level which will result from application of new rates. Sentry Insurance a Mutual Company Name of Company Mike Williams - Vice President - Chief Actuary

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

| Change in Company's premium or ra  | te level produced by rate revision |
|------------------------------------|------------------------------------|
| effective 5/1/2012 new and renewal |                                    |

| -      | (1)   | (2)<br>Annual Premium           | (3)<br>Percent                         |  |  |
|--------|---|---------------------------------|--|--|--|
|        | Coverage  | Volume (Illinois) *             | Change (+or-) **                       |  |  |
| 1.     | Automobile Liability Private  |                                 |  |  |  |
|        | Passenger   |                                 |  |  |  |
|        | Commercial  |                                 |  |  |  |
| 2      | Automobile Physical Damag   |                                 |  |  |  |
|        | Private Passenger   |                                 | <u> </u>                               |  |  |
|        | Commercial  |                                 |  |  |  |
| 3.     | Liability Other Than Auto   |                                 |  |  |  |
| 4.     | Burglary and Theft  |                                 |  |  |  |
| 5.     | Glass   |                                 |  |  |  |
| 6.     | Fidelity  |                                 |  |  |  |
| 7.     | Surety  |                                 |  |  |  |
| 8.     | Boiler and Machinery  |                                 |  |  |  |
| 9.     | Fire  |                                 |  |  |  |
| 10.    | Extended Coverage   |                                 | ************************************** |  |  |
| 11.    | Inland Marine   |                                 |  |  |  |
| 12.    | Homeowners  |                                 |  |  |  |
| 13.    | Commercial Multi-Peril  |                                 |  |  |  |
| 14.    | Crop Hail   |                                 |  |  |  |
| 15.    | Other Workers Compensation  | 14129178                        | +.001%                                 |  |  |
| 10.    | Life of Insurance   | 14129170                        | 7,001%                                 |  |  |
| _      | Life of insurance   |                                 |  |  |  |
| •      | certain   |                                 |  |  |  |
|        | Classes? If so,   | ,                               |  |  |  |
|        | specify: No   |                                 |  |  |  |
|        |   |                                 |  |  |  |
|        | Brief description of filing. (If fil  | ling follows rates of an ac     | dvisory                                |  |  |
|        | Organization, specify   |                                 | •                                      |  |  |
|        | organization):  | Filing for a rule for waiver of | of subrogation.                        |  |  |
|        |   |                                 |  |  |  |
|        |   |                                 |  |  |  |
|        | *Adjusted to reflect all prior rat  | te changes.                     |  |  |  |
|        | **Change in Company's premium level which will result from application of new |                                 |  |  |  |
| rates. |   |                                 |  |  |  |
|        |   | Society Insurance               |  |  |  |
|        |   |                                 | ne of Company                          |  |  |
|        |   | Dennis Saldana- Sta             |  |  |  |
|        |   |                                 | Official - Title                       |  |  |

|            | Change in Company's premium or rate  | level produced by rate revision effective  | 01/01/2012                    |
|------------|--|--|-------------------------------|
|            | (1) <u>Coverage</u>  | (2) Annual Premium Volume (Illinois)*  | (3) Percent Change (+ or -)** |
| 1.         | Automobile Liability Private Passenger Commercial                                  |  |                               |
| 2.         | Automobile Physical Damage<br>Private Passenger<br>Commercial                      |  |                               |
| 3.         | Liability Other Than Auto  |  |                               |
| 4.         | Burglary and Theft   |  |                               |
| 5.         | Glass  |  |                               |
| 6.         | Fidelity   |  |                               |
| 7.         | Surety   |  |                               |
| 8.         | Boiler and Machinery   |  |                               |
| 9.         | Fire   |  |                               |
| 10.        | Extended Coverage  |  |                               |
| 11.        | Inland Marine  |  |                               |
| 12.        | Homeowners   |  |                               |
| 13.        | Commercial Multi-Peril   |  |                               |
| 14.        | Crop Hail  |  |                               |
| 15.        | Other Workers Compensation   | 7214   | 3.7%                          |
|            | Line of Insurance  |  |                               |
| Does       | filing only apply to certain territory (te   | rritories) or certain classes? If so, specify:   |                               |
| Add<br>IL- |  | rates of an advisory organization, specify of sory Rates, Loss Costs and Rating Values a |                               |
|            | Adjusted to reflect all prior rate changes<br>Change in Company's premium level wh | nich will result from application of new rate  | es.                           |



Sompo Japan Fire & Marine Ins Co Name of Company

JAN 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF MASURANCE
SPRINGFILLD, ILLINOIS

Mary Lynn Teel, State Filings Analyst Official - Title

|  | Change in Company's premium or rate                           | level produced by rate revision effective  | 01/01/2012                           |  |  |  |
|--|---|--|--------------------------------------|--|--|--|
|  | (1) <u>Coverage</u>   | (2) Annual Premium Volume (Illinois)*  | (3) Percent <u>Change (+ or -)**</u> |  |  |  |
| 1.   | Automobile Liability Private Passenger Commercial             |  |                                      |  |  |  |
| 2.   | Automobile Physical Damage<br>Private Passenger<br>Commercial | 7,210  |                                      |  |  |  |
| 3.   | Liability Other Than Auto                                     |  |                                      |  |  |  |
| 4.   | Burglary and Theft  |  |                                      |  |  |  |
| 5.   | Glass   | And the second s |                                      |  |  |  |
| 6.   | Fidelity  |  |                                      |  |  |  |
| 7.   | Surety  |  |                                      |  |  |  |
| 8.   | Boiler and Machinery  |  |                                      |  |  |  |
| 9.   | Fire  |  |                                      |  |  |  |
| 10.  | Extended Coverage   |  |                                      |  |  |  |
| 11.  | Inland Marine   |  |                                      |  |  |  |
| 12.  | Homeowners  |  |                                      |  |  |  |
| 13.  | Commercial Multi-Peril  |  |                                      |  |  |  |
| 14.  | Crop Hail   |  |                                      |  |  |  |
| 15.  | Other Workers Compensation                                    | 1,747864   | 3.7%                                 |  |  |  |
|  | Line of Insurance   |  |                                      |  |  |  |
| Does   | s filing only apply to certain territory (ter                 | ritories) or certain classes? If so, specify:  |                                      |  |  |  |
| Add<br>IL-   |   | rates of an advisory organization, specify ory Rates, Loss Costs and Rating Values a   |                                      |  |  |  |
| * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates. |   |  |                                      |  |  |  |

JAN 0 1 2012 Name of Company

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
Mary Lynn Teel, State Filings Analyst

|                | revision effective   | January 1, 2012  |                          |
|----------------|--|--|--------------------------|
|                | (1)  | (2)<br>Annual Premium  | (3)<br>Percent           |
|                | Coverage   | Volume (Illinois)*   | <u>Change ( + or -)*</u> |
| ١.             | Automobile Liability   |  |                          |
|                | Private Passenger  |  |                          |
|                | Commercial   |  |                          |
| 2.             | Automobile Physical Damage   |  |                          |
|                | Private Passenger  |  |                          |
|                | Commercial   |  |                          |
| 3.             | Liability Other Than Auto  |  |                          |
| ١.             | Burglary and Theft   |  |                          |
| 5.             | Glass  |  |                          |
| <b>)</b> .     | Fidelity   |  |                          |
| 7.             | Surety   |  |                          |
| 3.             | Boiler and Machinery   |  |                          |
| €.             | Fire   |  |                          |
| 10.            | Extended Coverage  |  |                          |
| 11.            | Inland Marine  |  |                          |
| 2.             | Homeowners   |  |                          |
| 3.             | Commercial Multi-Peril   |  |                          |
| 4.             | Crop Hail  |  |                          |
| 5.             | Other Line of Insurance  | sation \$2,884,923   | 3.70%                    |
|                |  |  |                          |
|                | s Filing only apply to certain territonses? If so, specify:  No  | ry (territories) or certain  |                          |
| las:<br>Brief  |  |  | osts Adoption Filing     |
| class<br>Brief | ses? If so, specify: No  description of filing. (If filing follow  | vs rates of an advisory  | osts Adoption Filing     |
|                | ses? If so, specify: No  description of filing. (If filing follow  | vs rates of an advisory  Workers Compensation Loss Co  | osts Adoption Filing     |
|                | description of filing. (If filing follow nization, specify organization):  Adjusted to reflect all prior rate change in Company's premium le | ws rates of an advisory  Workers Compensation Loss Compensation Lo | osts Adoption Filing     |
|                | description of filing. (If filing follow nization, specify organization):  Adjusted to reflect all prior rate change in Company's premium le | vs rates of an advisory  Workers Compensation Loss Compensation Lo |                          |
|                | description of filing. (If filing follow nization, specify organization):  Adjusted to reflect all prior rate change in Company's premium le | ws rates of an advisory  Workers Compensation Loss Compensation Lo | ırance Company           |

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

|     | effective 01/01/2012         | ·                     | •                |
|-----|------------------------------|-----------------------|------------------|
| -   | (1)                          | (2)<br>Annual Premium | (3)<br>Percent   |
| _   | Coverage                     | Volume (Illinois) *   | Change (+or-) ** |
| 1.  | Automobile Liability Private |                       |                  |
|     | Passenger                    |                       |                  |
|     | Commercial                   |                       |                  |
| 2   | Automobile Physical Damag    |                       |                  |
|     | Private Passenger            |                       |                  |
| _   | Commercial                   |                       |                  |
| 3.  | Liability Other Than Auto    |                       |                  |
| 4.  | Burglary and Theft           |                       |                  |
| 5.  | Glass                        |                       |                  |
| 6.  | Fidelity                     |                       |                  |
| 7.  | Surety                       |                       |                  |
| 8.  | Boiler and Machinery         | ,                     |                  |
| 9.  | Fire                         |                       |                  |
| 10. | Extended Coverage            |                       |                  |
| 11. | Inland Marine                |                       |                  |
| 12. | Homeowners                   |                       |                  |
| 13. | Commercial Multi-Peril       | ·                     |                  |
| 14. | Crop Hail                    |                       |                  |
| 15. | Other Workers Compensation   | \$6,646,288           | 3.7%             |
|     | Life of Insurance            |                       |                  |

Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify

Does filing only apply to certain territory (territories) or certain

organization):

Adoption of NCCI approved loss costs reference circular

IL-2011-14

StarNet Insurance Company

Name of Company Alana Salinas - Team Leader Underwriting Operations Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

## **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate level produced by rate revision effective  |  |   |  |  |
|--|--|---|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3) Percent Change (+ or -)**   |  |  |
| <ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers Compensation         Line of Insurance     </li> </ol> | \$3,532,359  | +3.13%  |  |  |
| Does filing only apply to certain territory (  | territories) or certain classes? If so, specif   | y:  |  |  |
| *Adjusted to reflect all prior rate changes.   | rates of an advisory organization, specify of e underlying rating factors, schedule rating facto | g plan, etc.  |  |  |
|  |  | bile Mutual Insurance Company Name of Company  C Mgr Corp Compliance & UW Serv Official – Title |  |  |

## **ILLINOIS DEPARTMENT OF INSURANCE**

| (1)   | (2)  | (3)                                   |
|---|--|---------------------------------------|
| <u>Coverage</u>   | Annual Premium<br>Volume (Illinois)*       | Percent<br>Change (+ or -)**          |
| Automobile Liability Private  |  |                                       |
| Passenger Commercial  |  |                                       |
| Automobile Physical Damage  |  |                                       |
|   |  |                                       |
| <b>-</b>  |  |                                       |
| Burglary and Theft<br>Glass   |  |                                       |
| Fidelity  |  |                                       |
| Surety  |  |                                       |
| Boiler and Machinery  |  |                                       |
| Fire  |  |                                       |
| D. Extended Coverage  |  |                                       |
| 1. Inland Marine  |  |                                       |
| 2. Homeowners   |  |                                       |
| Commercial Multi-Peril  |  |                                       |
| 4. Crop Hail  |  |                                       |
| 5. Other Workers Compensation   | <b>\$1,876,477</b>                         | +0.75%                                |
| Line of Insurance   |  |                                       |
| oes filing only apply to certain territory (te<br>A                                   | tes of an advisory organization, specify   | organization): Adoption of the 1/1/20 |
|   | undorlying rating factors, schodule ratin  | anlan etc                             |
| CCI Loss Cost Filing with changes in the  | underlying rating factors, schedule ratin  | g plan, etc.                          |
|   |  |                                       |
| CCI Loss Cost Filing with changes in the  Adjusted to reflect all prior rate changes. | ch will result from application of new rat | es.                                   |
| Adjusted to reflect all prior rate changes.   | ch will result from application of new rat |                                       |

#### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

| (1)  | (2)<br>Annual Premium | (3)<br>Percent                        |
|--|-----------------------|---------------------------------------|
| <u>Coverage</u>  | Volume (Illinois)*    | Change (+ or -)**                     |
| . Automobile Liability Private                                   |                       |                                       |
| Passenger Commercial   |                       |                                       |
| Automobile Physical Damage                                       |                       |                                       |
| Private Passenger Commercial _                                   |                       |                                       |
| Liability Other Than Auto  |                       |                                       |
| Burglary and Theft   |                       |                                       |
| Glass<br>Fidelity  |                       |                                       |
|  |                       |                                       |
|  |                       |                                       |
| Boiler and Machinery Fire  |                       |                                       |
| D. Extended Coverage   |                       |                                       |
| I. Inland Marine   |                       | <del></del>                           |
| 2. Homeowners  |                       | · · · · · · · · · · · · · · · · · · · |
| B. Commercial Multi-Peril  |                       |                                       |
| I. Crop Hail   |                       |                                       |
| 5. Other Workers' Compensation                                   | 23,632,445            | +4.3%                                 |
| Line of Insurance  |                       |                                       |
| Line of Insurance Does filing only apply to certain territory (t |                       |                                       |

State Farm Fire and Casualty Company
Name of Company

Gregory S. Girard, F.C.A.S., MAAA, Actuary and Assistant Secretary-Treasurer
Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

| (1)  | (2)  | (3)                             |
|--|--|---------------------------------|
| Coverage   | Annual Premium                                     | Percent                         |
| 4.4  | Volume (Illinois)*                                 | Change (+ or –)**               |
| 1. Automobile Liability  |  |                                 |
| Private Passenger  |  |                                 |
| Commercial   |  |                                 |
| Automobile Physical Damage     Private Passenger   |  |                                 |
| Commercial   |  |                                 |
| 3. Liability Other than Auto   |  |                                 |
| 4. Burglary and Theft  |  |                                 |
| 5. Glass   |  |                                 |
| 6. Fidelity  | <del> </del>                                       |                                 |
| 7. Surety  | <del> </del>                                       |                                 |
| 8. Boiler and Machinery  |  |                                 |
| 9. Fire  |  |                                 |
| 10. Extended Coverage  |  |                                 |
| 11. Inland Marine  | <del></del>  |                                 |
| 12. Homeowners   |  |                                 |
| 13. Commercial Multi-Peril   |  |                                 |
| 14. Crop Hail  |  |                                 |
| 15. Workers Compensation   | \$459,088  | 5.9%                            |
| 10. Workers Compensation   | Ψ-του,ουσ  | 0.070                           |
| 16. Other  |  |                                 |
| Line of Insurance  | <del>-</del> · · · · · · · · · · · · · · · · · · · |                                 |
|  |  |                                 |
| Does filing only apply to certain territory (territories   | ) or certain classes? If so, specify               |                                 |
|  | ,  |                                 |
|  |  |                                 |
| Dui-f description of films /if films follows rates of an   | i advisory organization, specify organizati        | on)                             |
| Brief description of filing (if filing follows rates of an   |  |                                 |
| ,  |  |                                 |
| ,  | <u>.</u>   |                                 |
| Brief description of filing (if filing follows rates of an Adoption of NCCI's January 1, 2012 rates. |  |                                 |
|  |  |                                 |
| * Adjusted to reflect all prior rate changes.  | l result from application of new rates.            |                                 |
| Adoption of NCCI's January 1, 2012 rates.  * Adjusted to reflect all prior rate changes.             | l result from application of new rates.            | State National Insurance Compar |
| * Adjusted to reflect all prior rate changes.  | l result from application of new rates.            |                                 |

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

## FORM (RF-3)

| Change in Company's premium or ra | te level | produced by rate revision |
|-----------------------------------|----------|---------------------------|
| effective 02/01/2012              |          | •                         |

| -        | (1)   | (2) Annual Premium                    | (3) Percent                             |
|----------|---|---------------------------------------|---|
| 1.       | Coverage Automobile Liability Private       | Volume (Illinois) *                   | Change (+or-) **                        |
| 1.       | •   |                                       |   |
|          | Passenger<br>Commercial                     |                                       |   |
| 2        |   |                                       |   |
| _        | Automobile Physical Damag Private Passenger |                                       | •                                       |
|          | Commercial                                  |                                       |   |
| 3.       |   |                                       |   |
|          | Liability Other Than Auto                   |                                       |   |
| 4.<br>5. | Burglary and Theft Glass                    |                                       |   |
| 5.<br>6. |   | ·····                                 |   |
| o.<br>7. | Fidelity                                    |                                       |   |
|          | Surety                                      |                                       |   |
| 8.<br>n  | Boiler and Machinery                        |                                       |   |
| 9.<br>10 | Fire  |                                       |   |
| 10.      | Extended Coverage                           |                                       |   |
| 11.      | Inland Marine                               |                                       |   |
| 12.      | Homeowners                                  |                                       |   |
| 13.      | Commercial Multi-Peril                      |                                       | *************************************** |
| 14.      | Crop Hail                                   |                                       |   |
| 15.      | Other Workers Compensation                  | 2,577,842                             | +10%                                    |
|          | Life of Insurance                           |                                       |   |
| •        | Does filing only apply to certa             | ain territory (territories) or        | certain                                 |
|          | Classes? If so,                             | dir territory (territories) or        | Cortain                                 |
|          | specify: No                                 |                                       |   |
|          | <u></u>                                     | · · · · · · · · · · · · · · · · · · · |   |
|          | Brief description of filing. (If f          | filing follows rates of an a          | dvisory                                 |
|          | Organization, specify                       | mig renews rates or arra-             | avisory                                 |
|          | organization):                              | Filing to adopt NCCI's                | 1/1/12 rates and to introduce a         |
|          | +16.2% rate deviation.                      |                                       |   |
|          |   |                                       |   |
|          | *Adjusted to reflect all prior ra           | ate changes.                          |   |
|          | **Change in Company's prem                  |                                       | t from application of new               |
|          | rates.                                      |                                       | _                                       |
|          |   | Synergy Insurance                     | Company                                 |
|          |   |                                       | me of Company                           |
|          |   | Dana F. Joseph - A                    | , ,                                     |
|          |   |                                       | Official – Title                        |

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



#### **SUMMARY SHEET**

FEB 0 1 2012

| (1)  | (2)  | (3)                                   |  |  |
|--|--|---------------------------------------|--|--|
| (1)  | Annual Premium                                   | Percent                               |  |  |
| Coverage   | - Volume (Illinois) *                            | _ Change (+or-) **                    |  |  |
| Automobile Liability Private                           | - Tolumo (imilolo)                               |                                       |  |  |
| Passenger  |  |                                       |  |  |
| Commercial   |  |                                       |  |  |
| Automobile Physical Damag                              | 1  |                                       |  |  |
| Private Passenger                                      | 3  |                                       |  |  |
| Commercial   |  |                                       |  |  |
| Liability Other Than Auto                              |  |                                       |  |  |
| Burglary and Theft                                     |  |                                       |  |  |
| Glass  |  |                                       |  |  |
| Fidelity   | **************************************           |                                       |  |  |
| Surety   |  |                                       |  |  |
| Boiler and Machinery                                   | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del> |                                       |  |  |
| Fire   | **************************************           |                                       |  |  |
| Extended Coverage                                      | <del></del>                                      |                                       |  |  |
| Inland Marine  |  |                                       |  |  |
| Homeowners   | **************************************           | A                                     |  |  |
| Commercial Multi-Peril                                 |  | <del></del>                           |  |  |
| Crop Hail  | **************************************           |                                       |  |  |
| Other Workers' Compensation                            | 32194325   | 3.5%                                  |  |  |
| Life of Insurance                                      |  |                                       |  |  |
|  |  |                                       |  |  |
| Does filing only apply to cer                          | tain territory (territories) or                  | certain                               |  |  |
| Classes? If so,  |  |                                       |  |  |
| specify: N/A   |  |                                       |  |  |
| Duist description of Street (1)                        | 6 6 th   | 4                                     |  |  |
| Brief description of filing. (If Organization, specify | i filing follows rates of an a                   | uvisory                               |  |  |
| organization):   | Adoption of NCCI rate refe                       | erenced in IL-2011-11 on 2/1/2012     |  |  |
| organization).   | Adoption of Noor fate for                        | 7011000 HT 12 2017 11 011 21 11 20 12 |  |  |
|  |  |                                       |  |  |
| *Adjusted to reflect all prior                         | •  |                                       |  |  |
| **Change in Company's pre                              | <u>mium level which will resul</u>               | t from application of new             |  |  |
| rates.   |  |                                       |  |  |
|  | Technology Insura                                | <del> </del>                          |  |  |
|  |  | me of Company                         |  |  |
|  | Submitted by: Jame                               | s Shoenfelt, ACAS                     |  |  |

Official - Title

ו טוווו נוצו יטן

#### ILLINOIS DEFAR IMENT OF INSUKANCE

#### **SUMMARY SHEET**

| Change in Company's premium or rate le  | vel produced by rate revision effective                                  | 01-01-2012                               |
|---|--|--|
| (1)   | (2)<br>Annual Premium  | (3)                                      |
| <u>Coverage</u>   | Volume (Illinois)*   | Percent<br><u>Change (+ or -)**</u>      |
| Automobile Liability Private  |  |  |
| Passenger Commercial  2. Automobile Physical Damage   |  |  |
| 2. Automobile Physical Damage Private Passenger Commercial                                  |  |  |
| 3. Liability Other Than Auto  |  |  |
| 4. Burglary and Theft   |  |  |
| 5. Glass  |  |  |
| 6. Fidelity   |  |  |
| 7. Surety   |  |  |
| 8. Boiler and Machinery   |  |  |
| 9. Fire   |  |  |
| 10. Extended Coverage   |  |  |
| 11. Inland Marine   |  |  |
| 12. Homeowners  |  |  |
| 13. Commercial Multi-Peril  |  |  |
| 14. Crop Hail   |  |  |
| 15. Other Workers Comp.  Line of Insurance  | \$374,632  | +1.2                                     |
| Brief description of filing. (If filing follows Loss Costs contained in circular IL-2011-14 |  | rganization): Adopting New NCCI          |
|   |  |  |
| *Adjusted to reflect all prior rate changes.<br>**Change in Company's premium level whi     | ch will result from application of new rates.  TNUS INSUINATION Name Off | RANCE COMPANY  of Company  icial – Title |
|   |  | ·  |
| JAN 0   | 1 2012   |  |

OEPAR OF ILLINOIS
STRINGFILLD, ILLINOIS

#### ILLINOIS DEFARIMENT OF INSUKANCE

#### **SUMMARY SHEET**

| Change in Company's premium or rate leve   | el produced by rate revision effective             | 01/01/2012                                 |
|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private   |  |  |
| Passenger Commercial  2. Automobile Physical Damage  |  |  |
| Automobile Physical Damage     Private Passenger Commercial                                      |  |  |
| 3. Liability Other Than Auto   |  |  |
| 4. Burglary and Theft  |  |  |
| 5 Glass  |  |  |
| 6. Fidelity  |  |  |
| 7. Surety 8. Boiler and Machinery  |  |  |
| 8. Boiler and Machinery 9. Fire  |  |  |
| 10. Extended Coverage  |  |  |
| 11. Inland Marine  |  |  |
| 12. Homeowners   |  |  |
| 13. Commercial Multi-Peril   |  |  |
| 14. Crop Hail  |  |  |
| 15. Other Workers Comp.  | \$2,074,840  | +1.2%                                      |
|  |  | tu.  |
| Does filing only apply to certain territory (ter   | ritories) or certain classes? If so, specify:      | No, it applies to all Loss Costs           |
| Brief description of filing. (If filing follows r<br>Loss Costs contained in circular IL-2011-14 | rates of an advisory organization, specif          |  |
| *Adjusted to reflect all prior rate changes.<br>**Change in Company's premium level whic         | h will result from application of new rates        |  |
|  | Tokio Marine & Nich                                | nido Fire Insurance Company., Ltd          |
| •  |  | Name of Company                            |

FILED

JAN 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

# SUMMARY SHEET

| Change in Company's premium or rate I   | evel produced by rate revision effective          | 01/01/2012                                |
|---|---|---|
| (1)   | (2)   | (3)                                       |
| Coverage  | Annual Premium Volume (Illinois)*                 | Percent Change (+ or -)**                 |
| 1. Automobile Liability Private   |   |   |
| Passenger Commercial  |   |   |
| 2. Automobile Physical Damage   | ·   |   |
| Private Passenger Commercial 3. Liability Other Than Auto                                   |   |   |
| <ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> </ol>                   |   |   |
| 5. Glass  |   |   |
| 6. Fidelity   |   |   |
| 7. Surety   |   |   |
| 8. Boiler and Machinery   |   |   |
| 9. Fire   |   |   |
| 10. Extended Coverage   |   |   |
| 11. Inland Marine   |   |   |
| 12. Homeowners  |   |   |
| 13. Commercial Multi-Peril  |   |   |
| 14. Crop Hail   |   |   |
| 15. Other Workers Comp. Line of Insurance   | \$1,316,271                                       | +1.2                                      |
| Line of insurance   |   |   |
| Does filing only apply to certain territory (   | territories) or certain classes? If so, specify:  | No, it applies to all Loss Costs          |
| Brief description of filing. (If filing follow<br>Loss Costs contained in circular IL-2011- | s rates of an advisory organization, specif<br>14 | y organization): <u>Adopting New NCCI</u> |
| *Adjusted to reflect all prior rate also  |   |   |
| *Adjusted to reflect all prior rate changes.<br>**Change in Company's premium level wl      | nich will result from application of new rates    |   |
| ve*   | TRANS PACIF                                       | IC INSURANCE COMPANY                      |
| · 图像是是 1000   | 1   | Name of Company                           |
|   | 2 Roses   | Line KyR                                  |
|   | ·   | Official - Title                          |

JAN 0 1 2012

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
DEPARTMENT OF INSURANCE



#### **ILLINOIS SUMMARY SHEET**

MAR 0 1 2012

#### FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

| Change in Company's premium or rate level produced by rate revision effective: |   |  | SPRINGFIELD, ILLINOIS 3/1/2012 |  |
|--|---|--|--------------------------------|--|
|  | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+ or -) ** |  |
| 1.   | Automobile Liability Private Passenger Commercial   |  |                                |  |
| 2.   | Automobile Physical Damage<br>Private Passenger<br>Commercial   |  |                                |  |
| 3.   | Liability Other than Auto   |  |                                |  |
| 4.   | Burglary and Theft  |  |                                |  |
| 5.   | Glass   | · · · · · · · · · · · · · · · · · · ·        |                                |  |
| 6.   | Fidelity  |  |                                |  |
| 7.   | Surety  |  |                                |  |
| 8.   | Boiler and Machinery  |  |                                |  |
| 9.   | Fire  |  |                                |  |
| 10.  | Extended Coverage   |  |                                |  |
| 11.  | Inland Marine   |  |                                |  |
| 12.  | Homeowners  |  | <del> </del>                   |  |
| 13.  | Commercial Multi-Peril  | -  |                                |  |
| 14 .<br>15 .   | Crop Hail Workers Compensation  | 5 590 070                                    | 1.5%                           |  |
| 15 .<br>16 .   | Other:  | 5,580,970                                    | 1.3%                           |  |
| 10 .   | Outer.  | <del></del>                                  |                                |  |
| Does fili  | ng only apply to certain territory (territories) or ce  | ertain classes? If so, specify.              | Not Applicable                 |  |
|  | scription of filing (if filing follows rates of an adverge are adopting the 1/1/2012 NCCI IL voluntary ra |  | <b>).</b>                      |  |
|  | -force Written Premium<br>nange in Company's premium level which will res                                 | sult from application of new rates.          |                                |  |
|  |   | Transportation                               | Insurance Company              |  |
|  |   |  | of Company                     |  |
|  |   |  | • •                            |  |

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title

Effective.

Filing Date:

#### ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

|         |               | _                                       | Annual Premium             | Percent               |
|---------|---------------|---|----------------------------|-----------------------|
|         |               | Coverage                                | Volume (Illinois)*         | Change (+ or -)**     |
| 1.      | Automob       | ile Liability Private                   |                            |                       |
|         |               | er Commercial                           |                            |                       |
| 2.      |               | ile Physical Damage                     |                            |                       |
|         |               | assenger Commercial                     |                            |                       |
| 3.      |               | Other Than Auto                         |                            |                       |
| 4.      |               | and Theft                               |                            |                       |
| 5.      | Glass         |   |                            |                       |
| 6.      | Fidelity      |   |                            |                       |
| 7.      | Surety        |   |                            |                       |
| 8.      |               | d Machinery                             |                            |                       |
| 9.      | Fire          | ·                                       |                            |                       |
| 10.     | Extended      | d Coverage                              |                            |                       |
| 11.     | Inland Ma     | arine                                   |                            |                       |
| 12.     | Homeow        | ners                                    |                            |                       |
| 13.     | Commer        | cial Multi-Peril                        |                            |                       |
| 14.     | Crop Hai      | il                                      |                            |                       |
| 15.     | Other         | Workers' Compensation Line of Insurance | 1,530,483                  | 8.0%                  |
| Dogs t  | this filing o | nly apply to certain territory          | (territories) or certain c | laccae?               |
|         | specify:      | my apply to certain terntory t          | (territories) or certain c | No                    |
| •       | . ,           |   |                            |                       |
|         |               |   |                            |                       |
| Brief d | lescription   | of filing. (If filing follows rate      | es of an advisory organ    | ization, specify orga |

nization):

Trumbull Insurance Company will deviate -40% from the group rates. including a loading for our own expenses with an expense multiplier of 0.965.

\* Adjusted to reflect all prior rate changes.

Trumbull Insurance Company Name of Company **Thomas McDermott Assistant Director** Official-Title

PARTATE OF 1-2012

PARTATE OF 1-

<sup>\*\*</sup> Change in the company's premium level which will result from application of new rates.

& ffective

Filing Date: 4-1-12

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 01, 2012

|      |               | (1)                               | (2)                                     | (3)                          |
|------|---------------|-----------------------------------|---|------------------------------|
|      |               | Coverage                          | Annual Premium Volume (Illinois)*       | Percent<br>Change (+ or -)** |
| 1.   | Automol       | oile Liability Private            |   |                              |
|      |               | er Commercial                     |   |                              |
| 2.   |               | oile Physical Damage              | *************************************** | <del></del>                  |
|      |               | Passenger Commercial              |   |                              |
| 3.   |               | Other Than Auto                   |   |                              |
| 4.   |               | and Theft                         |   |                              |
| 5.   | Glass         |                                   |   |                              |
| 6.   | Fidelity      |                                   |   |                              |
| 7.   | Surety        |                                   |   |                              |
| 8.   | Boiler ar     | nd Machinery                      |   |                              |
| 9.   | Fire          |                                   |   |                              |
| 10.  | Extende       | d Coverage                        |   |                              |
| 11.  | Inland M      | larine                            | <u> </u>                                |                              |
| 12.  | Homeov        | vners                             |   |                              |
| 13.  | Comme         | rcial Multi-Peril                 |   |                              |
| 14.  | Crop Ha       | il                                |   |                              |
| 15.  | Other         | Workers' Compensation             | 49,014,468                              | 8.0%                         |
|      |               | Line of Insurance                 |   |                              |
| Does | this filing o | only apply to certain territory ( | territories) or certain c               | laccae?                      |
|      | , specify:    | only apply to certain territory ( | territories) or certain c               | No                           |
| 50,  | , opcony.     |                                   |   |                              |
|      |               |                                   |   |                              |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Twin City Fire Insurance Company will deviate 0% from the group rates. including a loading for our own expenses with an expense multiplier of 1.609.

\* Adjusted to reflect all prior rate changes.

\*\* Change in the company's premium level which will result from application of new rates.

Twin City Fire Insurance Company
Name of Company
Thomas McDermott
Assistant Director
Official-Title



#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

| (1)  | (2)                                     | (3)                                   |
|--|---|---------------------------------------|
| Coverage   | Annual Premium                          | Percent                               |
|  | Volume (Illinois)*                      | Change (+ or –)**                     |
| 1. Automobile Liability  |   |                                       |
| Private Passenger  |   |                                       |
| Commercial   |   |                                       |
| Automobile Physical Damage   |   |                                       |
| Private Passenger  |   |                                       |
| Commercial   |   |                                       |
| 3. Liability Other than Auto   |   |                                       |
| Burglary and Theft   |   |                                       |
| 5. Glass   |   |                                       |
| 6. Fidelity  |   |                                       |
| 7. Surety  |   |                                       |
| 8. Boiler and Machinery  |   |                                       |
| 9. Fire  |   |                                       |
| 10. Extended Coverage  |   |                                       |
| 11. Inland Marine  |   |                                       |
| 12. Homeowners   |   |                                       |
| 13. Commercial Multi-Peril   | -                                       |                                       |
| 14. Crop Hail  |   |                                       |
| 15. Workers Compensation   | \$1,068,353                             | 6.3%                                  |
|  |   |                                       |
| 16. Other  |   |                                       |
| Line of Insurance  |   |                                       |
|  |   |                                       |
| Does filing only apply to certain territory (territories) or certain                                       | ain classes? If so, specify             | ÷                                     |
| iling applies to all standard classes  | *************************************** |                                       |
| Brief description of filing (if filing follows rates of an advisor   | v organization, specify organizat       | ion)                                  |
| 3 (  |   |                                       |
| Adoption of NCCI's January 1, 2012 rates   |   |                                       |
| Adoption of NCCI's January 1, 2012 rates.  |   |                                       |
| Adoption of NCCI's January 1, 2012 rates.  |   |                                       |
| Adoption of NCCI's January 1, 2012 rates.  |   |                                       |
| * Adjusted to reflect all prior rate changes.  * Change in Company's premium level which will result from  |   | · · · · · · · · · · · · · · · · · · · |
| * Adjusted to reflect all prior rate changes.  |   | · · · · · · · · · · · · · · · · · · · |
| * Adjusted to reflect all prior rate changes.  | om application of new rates.            | JLLICO Casualty Cor                   |
| * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from | om application of new rates.            |                                       |

## **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate le  | vel produced by rate revision effective                  | 4.1%  |
|---|--|---|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>       | (3)<br>Percent<br><u>Change (+ or -)**</u>  |
| Brief description of filing. (If filing follows referenced in circular IL-2011-11 and characteristics) *Adjusted to reflect all prior rate changes. | hich will result from application of new rate United Wis | organization): <u>Adopt NCCI loss costs</u> |
|   |  |   |

#### SUMMARY SHEET



JUN 0 1 2012

| Change in Company's premius revision effective 6/1/2012   | m or rate level produced                      | TELANTIMENT OF MALE.   |
|---|---|--|
| (1)   | (2)   | SPRINGFIELD, ILLINOIS  |
| (1)   | Annual Premium                                | Percent  |
| Coverage  | <pre>Volume (Illinois)*</pre>                 | Change (+ or -)**  |
| 1. Automobile Liability Private Passenger   |   |  |
| Commercial  |   |  |
| 2. Automobile Physical Damage   |   |  |
| Private Passenger<br>Commercial   |   |  |
| 3. Liability Other Than Auto  |   |  |
| 4. Burglary and Theft   |   |  |
| 5. Glass  |   |  |
|   |   |  |
| 6. Fidelity   |   |  |
| 7. Surety   |   |  |
| 8. Boiler and Machinery   |   |  |
| 9. Fire   |   |  |
| 10. Extended Coverage   |   |  |
| 11. Inland Marine   |   |  |
| 12. Homeowners  |   |  |
| 13. Commercial Multi-Peril  |   |  |
| 14. Crop Hail   |   |  |
| 15. Other Workers Compensation  | 3,451,868                                     | +2.9%  |
| Brief description of filing. (If organization   | n): With this filing we rate revision set for | an advisory<br>are adopting the 1/1/12<br>orth in NCCI Circular<br>change to our current |
|   | deviations.                                   | SMINITE  |
| * Adjusted to reflect all prior n<br>** Change in Company's premium lev<br>result from application of new | vel which will                                |  |
|   | Utica Mutual Insuran                          | go Company   |
|   | Name of Compa                                 |  |
|   |   | <i>y</i>   |
| A   | -   |  |
| <del> </del>  | -ts   |  |
| Dian  | Musauma                                       | resident & Managing Actuary  |



#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

MAR 0 1 2012.

STATE OF ILLINOIS
DEPARTMENT OF ILLINOIS
Relevel produced by rate revision effective:
SPRINGRIES

| Change    | in Company's premium or rate level produced  | by rate revision effective.                 | SPRINGFIELD, ILLINOIS                 |
|-----------|--|---|---------------------------------------|
|           | (1)  | (2)<br>Annual Premium                       | (3)<br>Percent                        |
|           | Coverage   | Volume (Illinois) *                         | Change (+ or -) **                    |
| 1.        | Automobile Liability   |   |                                       |
|           | Private Passenger  |   |                                       |
|           | Commercial   |   |                                       |
| 2.        | Automobile Physical Damage   |   |                                       |
|           | Private Passenger  |   |                                       |
|           | Commercial   |   |                                       |
| 3.        | Liability Other than Auto  |   |                                       |
| 4.        | Burglary and Theft   |   |                                       |
| 5.        | Glass  |   |                                       |
| 6.        | Fidelity   |   | · · · · · · · · · · · · · · · · · · · |
| 7.        | Surety   |   |                                       |
| 8.        | Boiler and Machinery   |   |                                       |
| 9.        | Fire   |   |                                       |
| 10.       | Extended Coverage  |   |                                       |
| 11.       | Inland Marine  |   |                                       |
| 12.       | Homeowners   |   |                                       |
| 13.       | Commercial Multi-Peril   |   |                                       |
| 14.       | Crop Hail  |   |                                       |
| 15 .      | Workers Compensation   | 15,257,932                                  | 2.6%                                  |
| 16.       | Other:   | <del></del>                                 | <del></del>                           |
|           |  |   |                                       |
| Does fili | ng only apply to certain territory (territories)   | or certain classes? If so, specify.         | Not Applicable                        |
| D : C 1   | ' '  | - 4 .:                                      |                                       |
|           | scription of filing (if filing follows rates of an<br>le are adopting the 1/1/2012 NCCI IL volunta |   | 1).                                   |
| <u>w</u>  | e are adopting the 1/1/2012 NCCI IL volunta  | ry rates with an effective date of 3/1/2012 |                                       |
|           |  |   |                                       |
| * In      | -force Written Premium   |   |                                       |
|           | hange in Company's premium level which wil   | I result from application of new rates      |                                       |
| ··· Ci    | nange in Company's premium level which wil   | result from appreation of new rates.        |                                       |
|           |  | Valley Forge                                | e Insurance Company                   |
|           |  |   | e of Company                          |
|           |  |   | or company                            |

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha      | ange in Company's premium or rate le   | vel produced by rate revision effective             | 02/01/2012                                 |
|----------|--|---|--|
|          | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)</u> * | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1.       | Automobile Liability Private   | •   |  |
|          | Passenger Commercial   |   |  |
| 2.       | Automobile Physical Damage Private Passenger Commercial                        |   |  |
| 3.       | Liability Other Than Auto  |   |  |
| 4.       | Burglary and Theft   |   |  |
| 5.       | Glass  |   | -  |
| 6.       | Fidelity   |   |  |
| 7.<br>8. | Surety<br>Boiler and Machinery   |   |  |
| o.<br>9. | Fire   |   |  |
|          | Extended Coverage  |   |  |
|          | Inland Marine  |   |  |
|          | Homeowners   |   |  |
| 13.      | Commercial Multi-Peril   |   |  |
| 14.      | Crop Hail  |   |  |
| 15.      | Other Workers' Compensation  | 1,857,134   | -7.2%                                      |
|          | Line of Insurance  |   |  |
| Doc      | se filing only apply to certain territory                                      | territories) or certain classes? If so, spe-        | cifu.                                      |
|          | ies to all territories and classes.  | territories) or certain classes? If so, spe-        | ony.                                       |
| Brie     | of description of filing. (If filing follows                                   | rates of an advisory organization, specif           |  |
|          | justed to reflect all prior rate changes<br>hange in Company's premium level w | hich will result from application of new re         | ates.                                      |
|          |  | Vigilant Insurance Comp                             |  |
|          |  | Vice President                                      | Name of Company  Land John Strips          |

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FEB 0 1 2012

OF STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

# FILED

#### **SUMMARY SHEET**

FFR 0 1 2012

|            | Change in Company's premiu                      | ım or rate level produced                        | by rate revision                                     |
|------------|---|--|--|
|            | effective 02/01/2012                            | ······································           | State of Illinois<br>B <u>epartment of Insurance</u> |
| _          | (1)   | (2)  | SPRINGFIELD, ILLINOIS                                |
| _          |   | Annual Premium                                   | Percent  |
|            | Coverage  | <ul> <li>Volume (Illinois) *</li> </ul>          | Change (+or-) **                                     |
| 1.         | Automobile Liability Private                    |  |  |
|            | Passenger                                       |  |  |
| 2          | Commercial                                      |  |  |
| 2          | Automobile Physical Damag Private Passenger     |  | •  |
|            | Commercial                                      |  |  |
| 3.         | Liability Other Than Auto                       | 77-78-837-47-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |  |
| 4.         | Burglary and Theft                              |  |  |
| 5.         | Glass   | **************************************           |  |
| 6.         | Fidelity  | **************************************           |  |
| 7.         | Surety  | ·  |  |
| 8.         | Boiler and Machinery                            |  |  |
| 9.         | .Fire   |  |  |
| 10.        | Extended Coverage                               |  |  |
| 11.<br>12. | Inland Marine                                   |  |  |
| 13.        | Homeowners Commercial Multi-Peril               |  |  |
| 14.        | Crop Hail                                       |  |  |
| 15.        | Other Workers' Compensation                     | 6287670  | 3.5%   |
|            | Life of Insurance                               |  |  |
| *          | Barrier Clare and the second                    |  |  |
|            | Does filing only apply to certa Classes? If so, | ain territory (territories) or                   | cenain   |
|            | specify: N/A                                    |  |  |
|            | oposity.  |  |  |
|            | Brief description of filing. (If t              | filing follows rates of an ac                    | dvisory  |
|            | Organization, specify                           | <b>g</b>   | •  |
|            | organization):                                  | Adoption of NCCI rate refe                       | renced in IL-2011-11 on 2/1/2012                     |
|            |   |  |  |
|            | <del></del>                                     |  |  |
|            | *Adjusted to reflect all prior ra               | •  | t from application of now                            |
|            | **Change in Company's pren<br>rates.            | ilum level which will resul                      | t Irom application of new                            |
|            | 14103.  | Wesco Insurance C                                | Company  |
|            |   |  | ne of Company  |
|            |   | Submitted by: Jame                               |  |
|            |   |  | Official – Title                                     |

## **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate le  | evel produced by rate revision effective           | 04/01/2012                                 |
|---|--|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private     Passenger Commercial                             |  |  |
| Automobile Physical Damage     Private Passenger Commercial                       |  |  |
| 3. Liability Other Than Auto  |  |  |
| Burglary and Theft  |  |  |
| 5. Glass  |  |  |
| 6. Fidelity   |  |  |
| 7. Surety   | <u> </u>   |  |
| 8. Boiler and Machinery   |  |  |
| 9. Fire   |  |  |
| 10. Extended Coverage   |  |  |
| 11. Inland Marine   |  |  |
| 12. Homeowners  |  |  |
| 13. Commercial Multi-Peril  |  |  |
| 14. Crop Hail   |  |  |
| 15. Other Workers Compensation  | \$556,357  | +8.5%                                      |
| Line of Insurance   |  |  |
| Does filing only apply to certain territory                                       | (territories) or certain classes? If so, specify   | r.   |
| No  | (territorios) or cortain diacese. If co, epecing   |  |
| Brief description of filing. (If filing follows                                   | rates of an advisory organization, specify o       |  |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | which will result from application of new rate     | es.<br>Perican Insurance Company           |
|   | Eric Neely   | Name of Company                            |
|   |  | Official – Title                           |

Change in Company's premium or rate level produced by rate revision effective April 1, 2012

|         |                | (1)                               | (2) Annual Premium   | (3)<br>Percent           |
|---------|----------------|-----------------------------------|--|--------------------------|
|         |                | Coverage                          | Volume (Illinois)*   | <u>Change (+ or -)**</u> |
| 1.      | Automob        | ile Liability                     |  |                          |
|         | Private P      | assenger                          |  |                          |
|         | Commerc        | cial                              |  |                          |
| 2.      | Automob        | ile Physical Damage               |  |                          |
|         | Private P      | assenger                          |  |                          |
|         | Commerc        | cial                              |  |                          |
| 3.      | Liability C    | Other Than Auto                   |  |                          |
| 4.      | Burglary       | and Theft                         |  |                          |
| 5.      | Glass          |                                   |  |                          |
| 6.      | Fidelity       |                                   |  |                          |
| 7.      | Surety         |                                   |  |                          |
| 8.      | Boiler and     | d Machinery                       |  |                          |
| 9.      | Fire           |                                   |  |                          |
| 10.     | Extended       | l Coverage                        | · · · · · · · · · · · · · · · · · · ·  |                          |
| 11.     | Inland Ma      | arine                             |  |                          |
| 12.     | Homeowi        | ners                              |  |                          |
| 13.     | Commerc        | cial Multi-Peril                  |  |                          |
| 14.     | Crop Hail      |                                   |  |                          |
| 15.     | Other          | Workers Comp                      | 351,000 (2010)   | +6.3                     |
|         |                | Line of Insurance                 |  |                          |
|         |                |                                   |  |                          |
|         | filing only ap | ply to certain territory (terri   | tories) or certain classes? If so, specify:  |                          |
| No      |                |                                   |  |                          |
|         |                |                                   |  |                          |
| Data fa |                | f Elian - /lf Elian fallacca anta |  |                          |
|         |                |                                   | es of an advisory organization, specify organizatio IL-2011-14) and change LCM, to be effective 4- | •                        |
| Adop    | 1 14001 1055   | costs (Approval Circular          | 1L-2011-14) and change LOW, to be elective 4-  | 1-12.                    |
|         |                |                                   |  |                          |
|         |                |                                   |  |                          |
|         |                |                                   | Name :   |                          |

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

APR 0 1 2012

| ١ | Western National Mutual Insurance Company |   |
|---|---|---|
|   | Name of Company                           | • |

Patrick Hyland, ACAS - Actuary

Official - Title

|  | Change in Company's premium or rate level produced by rate revision effective  |   | April 1, 2012                |  |
|--|--|---|------------------------------|--|
|  | (1)  | (2)<br>Annual Premium   | (3)<br>Percent               |  |
|  | Coverage   | Volume (Illinois)*  | <u>Change (+ or -)**</u>     |  |
| 1.   | Automobile Liability   |   |                              |  |
|  | Private Passenger  |   |                              |  |
|  | Commercial   |   |                              |  |
| 2.   | Automobile Physical Damage   |   |                              |  |
|  | Private Passenger  |   |                              |  |
|  | Commercial   |   |                              |  |
| 3.   | Liability Other Than Auto  |   |                              |  |
| 4.   | Burglary and Theft   |   |                              |  |
| 5.   | Glass  |   |                              |  |
| 6.   | Fidelity   |   |                              |  |
| 7.   | Surety   |   |                              |  |
| 8.   | Boiler and Machinery   |   |                              |  |
| 9.   | Fire   |   |                              |  |
| 10.  | Extended Coverage  |   |                              |  |
| 11.  | Inland Marine  |   |                              |  |
| 12.  | Homeowners   |   |                              |  |
| 13.  | Commercial Multi-Peril   |   |                              |  |
| 14.  | Crop Hail  |   |                              |  |
| 15.  | Other Workers' Compensation  | 17,942,448  | 3.9                          |  |
|  | Line of Insurance  |   |                              |  |
| Does f   |  | ritories) or certain classes? If so, specify:   |                              |  |
|  | ges to the deviations to specific class co   | oues - see below  |                              |  |
| Brief of Adoption  | description of filing. (If filing follows to ting the 1/1/12 rate change with a an oution to 1.291 from the NCCI rates.  | rates of an advisory organization, specify overall premium level change of 3.9. Also  | revising Westfield Insurance |  |
| Brief of Adoption #228   | description of filing. (If filing follows obting the 1/1/12 rate change with a an obtion to 1.291 from the NCCI rates.   | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III          | revising Westfield Insurance |  |
| Brief of Adoption devia  | description of filing. (If filing follows to ting the 1/1/12 rate change with a an oution to 1.291 from the NCCI rates.  | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III          | revising Westfield Insurance |  |
| Brief of Adoption #228   | description of filing. (If filing follows obting the 1/1/12 rate change with a an obtion to 1.291 from the NCCI rates.   | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III          | revising Westfield Insurance |  |
| Brief of Adoption Heavist Brief of Adoption Heavis Brief of | description of filing. (If filing follows opting the 1/1/12 rate change with a an option to 1.291 from the NCCI rates. 1-24112. Also revising the class code spation for all other class codes changes the second se | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III o 1.291. | revising Westfield Insurance |  |
| Brief of Adoptive H228 devia   | description of filing. (If filing follows opting the 1/1/12 rate change with a an option to 1.291 from the NCCI rates. 3-24112. Also revising the class code spation for all other class codes changes to distinct the distribution of the class code of the class codes changes to distribute the class codes changes to distribute the class codes changes.  | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III o 1.291. | revising Westfield Insurance |  |
| Brief of Adoption deviated deviated with the Adoption deviated deviated at the Adoption deviated | description of filing. (If filing follows opting the 1/1/12 rate change with a an option to 1.291 from the NCCI rates. 2-24112. Also revising the class code spation for all other class codes changes the djusted to reflect all prior rate changes. The hange in Company's premium level where the strength of the strength  | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III o 1.291. | revising Westfield Insurance |  |
| Brief of Adoption deviated deviated with the Adoption deviated deviated at the Adoption deviated | description of filing. (If filing follows opting the 1/1/12 rate change with a an option to 1.291 from the NCCI rates. 3-24112. Also revising the class code spation for all other class codes changes to distinct the distribution of the class code of the class codes changes to distribute the class codes changes to distribute the class codes changes.  | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III o 1.291. | revising Westfield Insurance |  |
| Brief of Adoption deviated deviated with the Adoption deviated deviated at the Adoption deviated | description of filing. (If filing follows opting the 1/1/12 rate change with a an option to 1.291 from the NCCI rates. 2-24112. Also revising the class code spation for all other class codes changes the djusted to reflect all prior rate changes. The hange in Company's premium level where the strength of the strength  | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III o 1.291. | 872, Tier IV .775. The       |  |
| Brief of Adoption deviated deviated with the Adoption deviated deviated at the Adoption deviated | description of filing. (If filing follows opting the 1/1/12 rate change with a an option to 1.291 from the NCCI rates. 2-24112. Also revising the class code spation for all other class codes changes the djusted to reflect all prior rate changes. The hange in Company's premium level where the strength of the strength  | rates of an advisory organization, specify overall premium level change of 3.9. Also pecific deviations to; Tier II969, Tier III o 1.291. | revising Westfield Insurance |  |

Rhonda Roberts, CIC
Line of Business Specialist
Commercial Underwriting Office
Official - Title

| (        | Change in Company's premium or rate level produced by rate revision effective |  | April 1, 2012                          |  |
|----------|---|--|--|--|
|          | (1)   | (2)<br>Annual Premium                          | (3)<br>Percent                         |  |
|          | Coverage  | Volume (Illinois)*                             | <u>Change (+ or -)**</u>               |  |
| 1.       | Automobile Liability  |  |  |  |
|          | Private Passenger   |  |  |  |
|          | Commercial  |  |  |  |
| 2.       | Automobile Physical Damage  |  |  |  |
|          | Private Passenger   |  |  |  |
| 3.       | Commercial  |  |  |  |
| 3.<br>4. | Liability Other Than Auto Burglary and Theft                                  | ·  |  |  |
| 5.       | Glass   |  |  |  |
| 6.       | Fidelity  |  |  |  |
| 7.       | Surety  |  |  |  |
| 8.       | Boiler and Machinery  |  |  |  |
| 9.       | Fire  |  |  |  |
| 10.      | Extended Coverage   |  |  |  |
| 11.      | Inland Marine   |  |  |  |
| 12.      | Homeowners  |  |  |  |
| 13.      | Commercial Multi-Peril  |  |  |  |
| 14.      | Crop Hail   |  |  |  |
| 15.      | Other Workers' Compensation Line of Insurance                                 | 2,428,905                                      | 1.5                                    |  |
|          | •••   |  |  |  |
| Does t   |   | rritories) or certain classes? If so, specify: |  |  |
| 11/11    |   |  |  |  |
|          |   |  |  |  |
| Brief o  | lescription of filing. (If filing follows                                     | rates of an advisory organization, specify     | organization):                         |  |
| Adop     | oting the 1/1/12 rate change with an ov                                       | erall premium level change of 1.5. Also re     |  |  |
|          | tion to 1.097 from the NCCI rates.  |  |  |  |
|          |   | class codes; Tier II824, Tier III .741, T      | ier IV .659, all other class codes     |  |
| 1.097    | · .   |  |  |  |
|          |   |  |  |  |
| * A      | djusted to reflect all prior rate changes.                                    |  |  |  |
| ** Cl    | nange in Company's premium level wh   | nich will                                      |  |  |
|          | sult from application of new rates.   |  |  |  |
|          |   |  |  |  |
|          |   |  |  |  |
|          |   | - · · - · Westf                                | ield National Insurance Co.            |  |
|          |   |  | ······································ |  |

Rhonda Roberts, CIC
Line of Business Specialist
Commercial Underwriting Office
Official - Title

Name of Company

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### **SUMMARY SHEET**

| (1)  | (2) Annual Premium   | (3) Percent                           |  |  |
|--|--|---------------------------------------|--|--|
| Coverage   | Volume (Illinois) *  | Change (+or-) **                      |  |  |
| Automobile Liability Private   |  |                                       |  |  |
| Passenger  |  |                                       |  |  |
| Commercial   |  |                                       |  |  |
| Automobile Physical Damag  |  |                                       |  |  |
| Private Passenger  |  | 40.50                                 |  |  |
| Commercial   |  |                                       |  |  |
| Liability Other Than Auto  |  |                                       |  |  |
| Burglary and Theft   | di Mandala de La Companya de Mandala de Carta de La Carta de Carta |                                       |  |  |
| Glass  |  |                                       |  |  |
| Fidelity   |  | <u></u>                               |  |  |
| Surety   | **************************************   |                                       |  |  |
| Boiler and Machinery   |  |                                       |  |  |
| Fire   |  | · .                                   |  |  |
| Extended Coverage  | **************************************   |                                       |  |  |
| Inland Marine  |  |                                       |  |  |
| Homeowners   |  |                                       |  |  |
| Commercial Multi-Peril   | *****  | · · · · · · · · · · · · · · · · · · · |  |  |
| Crop Hail  |  |                                       |  |  |
| Other Workers' Compensation  | \$6,555,297  | 13.4%                                 |  |  |
| Life of Insurance  |  |                                       |  |  |
| Does filing only apply to certain territory (territories) or certain |  |                                       |  |  |
| Classes? If so,  |  |                                       |  |  |
| specify: NO  |  |                                       |  |  |
|  |  |                                       |  |  |
| Brief description of filing. (If filing follows rates of an advisory |  |                                       |  |  |
| Organization, specify  | 3  | •                                     |  |  |
| organization):   | Change LCM from 1.929 to 2.083 to coincide with the NCC  |                                       |  |  |
| cost change effective 1/1/2012.                                      |  |                                       |  |  |

Work First Casualty Company

Name of Company

Bruce Winterrowd, Vice-President of Underwriting/Marketing

Official - Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

## ILLINOIS SUMMARY SHEET FORM RF-3

| Change in company's premium or rate level produced by rate revision effective |  | 03/01/2012                          |  |  |
|---|--|-------------------------------------|--|--|
|   | (1)  | (2)<br>Annual Premium               | (3)<br>Percent                           |  |
|   | Coverage   | Volume (Illinois)*                  | Change (+ or -)**                        |  |
| 1.  | Automobile Liability Private Passenger Commercial  |                                     |  |  |
| 2.  | Automobile Physical Damage<br>Private Passenger<br>Commercial                                    |                                     |  |  |
| 3.  | Liability Other than Auto  |                                     |  |  |
| 4.  | Burglary and Theft   |                                     |  |  |
| 5.  | Glass  |                                     |  |  |
| 6.  | Fidelity   |                                     |  |  |
| 7.  | Surety   | •                                   |  |  |
| 3.  | Boiler and Machinery   | -                                   | **************************************   |  |
| €.  | Fire   |                                     |  |  |
| 0.  | Extended Coverage  |                                     |  |  |
| 11.   | Inland Marine  |                                     |  |  |
| 2.  | Homeowners   |                                     |  |  |
| 3.  | Commercial Multi-Peril   |                                     |  |  |
| 14.   | Crop Hail  |                                     |  |  |
| 15.   | Workers' Compensation  | 8,157,693                           | 3.5%                                     |  |
| 16.   | Other Line of Insurance  | -                                   |  |  |
| Doe   | es filing only apply to certain territory (territorie  | es) or certain classes? If so, spe  | cify <u>No</u>                           |  |
|   | ef description of filing (if filing follows rates of a ppt the approved NCCI rates effective Jar |                                     |  |  |
|   | viously approved effective January 1, 20   |                                     |  |  |
| r*  | Adjusted to reflect all prior rate changes.<br>Change in company's premium level which v         | vill result from application of new | rates.                                   |  |
|   |  | <u></u>                             | Zenith Insurance Company Name of Company |  |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

|      | (1)   | (2) Annual Premium                            | (3) Percent                   |
|------|---|---|-------------------------------|
|      | <u>Coverage</u>   | <u>Volume (Illinois)*</u>                     | <u>Change (+ or -)**</u>      |
| 1.   | Automobile Liability Private Passenger Commercial       |   |                               |
| 2.   | Automobile Physical Damage Private Passenger Commercial |   |                               |
| 3.   | Liability Other Than Auto                               |   |                               |
| 4.   | Burglary and Theft                                      |   |                               |
| 5.   | Glass   |   |                               |
| 6.   | Fidelity  |   |                               |
| 7.   | Surety  |   |                               |
| 8.   | Boiler and Machinery                                    |   |                               |
| 9.   | Fire  |   |                               |
| 10.  | Extended Coverage                                       |   |                               |
| 11.  | Inland Marine   |   |                               |
|      | Homeowners  |   |                               |
|      | Commercial Multi-Peril                                  |   |                               |
|      | Crop Hail   |   |                               |
| 15.  | Other Workers' Compensation                             | 1,359,914                                     | 12.0%                         |
|      | Line of Insurance                                       |   |                               |
| _    | e   |   |                               |
| Doe  | s filing only apply to certain territory (ter           | ritories) or certain classes? If so, specify: | N/A                           |
|      |   |   |                               |
| Brie | f description of filing. (If filing follows rate        | es of an advisory organization, specify org   | anization):                   |
| Adop | tion of NCCI advisory loss costs and rating value       | s effective January 1, 2012                   |                               |
|      |   |   |                               |
|      |   |   |                               |
|      | usted to reflect all prior rate changes.                | h will result from application of new rates.  |                               |
| Oi   | lange in Company's premium level while                  | if will result from application of new rates. |                               |
|      |   | Zurich American Insurance                     | Company of Illinois           |
|      |   | <u> </u>                                      | lame of Company               |
|      |   | Gary F. Shook Vice Preside                    | ent and Chief Pricing Actuary |
|      |   | Gary E. Shook, Vice Preside                   | ent and Chief Pricing Actuary |



Official - Title

JAN 0 1 2012

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2012 (1) (2) (3) **Annual Premium** Percent Change (+ or -)\*\* Volume (Illinois)\* Coverage **Automobile Liability Private** Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 39,893,409 6.3% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI advisory loss costs and rating values effective January 1, 2012 \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. **Zurich American Insurance Company** Name of Company Gary E. Shook, Vice President and Chief Pricing Actuary



Official - Title

JAN 0 1 2012

State of Illinois Department of Insurance Springfield, Illinois